Department of Community Services

NOVA SCOTIA

Community Supports for Adults Renewal Project:

Jurisdictional Review: Summary Report

Prepared by: **CSA Renewal Project Management Team**
Judy LaPierre, CSA Specialist, Central Region
Department of Community Services

Version: **4.0**
Date: **January 21, 2004 (Revised)**

104-04974/

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1. Introduction

In 2002-03 the Nova Scotia Department of Community Services embarked on a comprehensive review of all aspects of the Community Supports for Adults Program, including but not limited to an examination of the mandate, access and assessment, client supports, licensing, funding methodology and legislation. The objective was to develop a renewed program model for community living services for persons with disabilities.

One very important part of the Community Supports for Adults Renewal Project was to complete a jurisdictional review of the various approaches and organizational structures found across Canada that support the residential and day programs needs of persons with disabilities. Staff working in the Nova Scotia Department of Community Services contacted provincial jurisdictions across Canada in order to obtain an accurate picture of community living services provided across the country for persons with disabilities, including persons with intellectual, developmental, physical and mental health disabilities. Both telephone contact and written contact was made. Provinces were also asked to complete a series of survey questions that were seen as important to Nova Scotia in undertaking the renewal initiative.

Across Canada there are several different models of service delivery and management in place to address the community support needs of persons with disabilities. Smaller provinces, including Newfoundland and Prince Edward Island, have combined health and community services under one department. These jurisdictions deliver community living services under a single department, irrespective of the type of disability. New Brunswick has a separate department of health and community services. The New Brunswick Department of Family and Community Services, under the Long Term Care Program, provides support services to adults with disabilities, regardless of their diagnosis.

Most provinces have separate departments of health and community services. Most provinces with separate departments deliver community living supports for persons with intellectual and developmental disabilities from community services ministries. Most provinceswith separate departments deliver community living supports to persons with mental health and physical disabilities from health ministries.

Larger provinces, including British Columbia, and Ontario deliver community living services for persons with intellectual disabilities from ministries serving children and families. Alberta delivers services to citizens via a community governance structure. Similarly, British Columbia is in the process of transferring responsibility for these services, as well as services to children with special needs, to a provincial Community Living Authority in 2003/2004. A summary of the community living service delivery models is provided below for each Canadian province. The structure and service delivery models for the Province of Quebec, the North West Territories and Nunavat was not reviewed.

ALBERTA: Community living services to Albertans with intellectual and developmental disabilities are provided under the mandate of the Alberta Ministry for Community Development. Programs and supports are provided through Persons with Developmental Disabilities (PDD), a community governance structure. PDD, an arms length legislated authority reports to theMi nister of Community Development. Support services to persons with mental health disabilities are provided under the Ministry of Health and Wellness and services to persons with physical disabilities are provided under the Ministry of Human Resources and Employment. Further information is available at http://www.gov.ab.ca, http://www.pdd.org and http://www.albertarehab.org

BRITISH COLUMBIA: Community living services to British Columbians with intellectual disabilities are provided under the mandate of the Ministry for Children and Family Development, Adult Community Living Services Branch. Plans are underway to transfer responsibility for these services, as well as services to children with special needs, to a provincial Community Living Authority in 2003/2004. No Ministry is responsible for persons with developmental disabilities unless there is also an intellectual, physical or mental health disability present. The Ministry of Health Services supports persons with physical disabilities and mental health disabilities. Further information is available at http://www.gov.bc.ca and http://www.communitylivingbc.org

MANITOBA: Community living services for Manitobans with intellectual disabilities are provided under the mandate of the Department of Family Services & Housing via the Supported Living Program. Services in Manitoba are divided in such a manner that supports to persons with mental health disabilities are primarily offered through the Department of Health via Regional Health Authorities (RHAs). RHAs are independent public bodies, each with a Board of Directors. Further information is available at www.gov.mb.ca.

NEW BRUNSWICK: Community living services for persons with intellectual, developmental, mental health and physical disabilities are provided under the mandate of the Ministry of Family & Community Services, Long Term Care. Persons with mental health disabilities also receive support from the Ministry of Health and Wellness. Further information is available at http://www.gnb.ca/0048/english/index.htm and http://www.gnb.ca/cnb/Promos/Disability/index-e.asp

NOVA SCOTIA: The Department of Community Services, Community Supports for Adults are responsible for the provision of residential and vocational/day support services for persons with intellectual, developmental, physical and mental health disabilities. Further information is available at http://www.gov.ns.ca/coms

NEWFOUNDLAND & LABRADOR: The provision of community living services are provided to citizens of Newfoundland & Labrador, irrespective of disability type, under the mandate of the Department of Health and Community Services. Further information is available athttp: //www.gov.nf.ca

ONTARIO: Community living services for citizens of Ontario with intellectual and developmental disabilities are provided under the Ministry of Community Family & Children's Services, primarily through a network of community based, board-operated, non-profit transfer payment agencies. Income and employment support is provided under the Ontario Disability Program. Further information is available at http://www.gov.on.ca and http://www.cfcs.gov.on.ca

PRINCE EDWARD ISLAND: All community living services for citizens of Prince Edward Island with disabilities are provided under the Ministry of Health & Social Services. Persons with intellectual and developmental disabilities receive support via the Social Policy Division, Disability Support Program. Services for persons with physical disabilities falls under the Social Policy Division, Disability Support Program and Health Policy, Community Care. Persons with mental health disabilities are supported under the Social Policy Division, Disability Support Program and Community Mental Health. Further information is available at http://www.gov.pe.ca

SASKATCHEWAN: Community living services for citizens of Saskatchewan with intellectual and developmental disabilities are provided under the Department of Community Resources and Employment, Community Living Division. The Department of Community Resources and Employment via Health Districts support persons with physical disabilities. Persons with mental health disabilities are supported under the Ministry of Health, Adult Community Services Program via Regional Health Authorities. Further information is available at http://www.gov.sk.ca

The Community Supports for Adults Renewal Project Management Team examined the variety of models in place across the country, and concluded that while no two jurisdictions are the same, and while there are exceptions in most broad areas examined, most provinces share several common elements:

- Determine eligibility using a combination of diagnosis and a measurable functional assessment
- Carry out assessments by departmental staff or use external professional assessments
- Complete financial assessments, and have or are moving towards individualized funding arrangements
- Deliver personal supports separate from income support
- Provide support planning with individual involvement
- Provide support for persons living at home, including respite
- Provide a range of supports from individualized living to 24/7 services
- Develop standards that support quality of life
- License or approve residential support homes
- Utilize service agreements governing the provision and quality of support and related funding.

Copies of the provincial survey reports completed by each province are provided in this document. A cross-Canada comparison on all survey questions is provided in Appendix A.

2. Provincial Reports

2.1 Newfoundland & Labrador – Community Living Services for Adults with Disabilities

Questions

1. Which Ministry provides services to each of the four adult disability categories i.e. developmental disability, intellectual disability, physical disability, pervasive mental illness?

In Newfoundland the following ministries provide residential services to persons with disabilities:

Physical Disabilities - Ministry of Health and Community Services
Intellectual Disability - Ministry of Health and Community Services * This is not a separate category in our province for residential services. We refer to this area as developmental disability. Adults with Autism are included in this category.
Developmental Disability - Ministry of Health and Community Services
Mental Health – Ministry of Health and Community Services
Funding for Cooperative Apartments for persons with developmental disability comes from the department and is given to a volunteer community incorporated board who delivers the program according to departmental policy through a signed service contractual arrangement.

Other programs (e.g. Alternate Family Care Homes, Board & Lodging, Community Care Homes, etc.) are approved and/or funded by Regional Health and Community Services/Integrated Boards who receive their funding from the Department of Health and Community Services.

* Policies are set provincially for all residential services and are currently under review. These policies have not been updated since 1998 when the programs were moved to the Department of Health and Community Services.

1a) If one Ministry provides services to more than one of the four adult categories, are the services provided by separate divisions?

All are provided through the Program Development Division.

2) For the Ministry that provides services to adults with an intellectual disability, how is program eligibility determined.

To be eligible for acceptance into the Co-operative Apartment Program the individual must have a developmental disability; be older than 18 years of age; require extensive supervision, attendant care and/or behaviour management; and is not able to be supported in less restrictive residential options. This program is our most restrictive residential option in the community and now replaces the group home program that was closed in the early 1990's.

Most other programs (e.g. Alternate Family Care, Board & Lodging) are considered on an individual compatibility basis.

2a) Is a financial assessment completed for potentially eligible clients? What is the basis of this assessment?

There is a financial assessment. Individuals who require a supportive service are assessed under the Enriched Needs Program. Entrance into the residential services program is not based on financial eligibility but the amount of money that the individual would have to contribute to the cost is determined through this method. If a person is not financially eligible for funding, he/she would have to cover the full cost.

3) For the Ministry that provides services to adults with an intellectual disability, what is the range of services and supports provided. For residential services, what are the types of residential options and their bed capacity limits.

Range of services:

- Community Behavioural Services
- Flat Rate Allowance
- Home Support Funding
- Program Funding(Code 37)
- Prescription Drug Program
- Special Assistance Program

Residential services for persons with developmental disabilities:

- Cooperative Apartments
- Alternate Family Care Homes

- Individualized Living Arrangements*
    - Limited approvals only based on regional recommendation/emergency need. 24hr. funding is no longer offered/approved as a service option. There are some arrangements in place from previous approvals and a limited number have been approved in recent times as an emergency response.
- Special Needs Board & Lodging Supplement

4) How are the services and support requirements identified for individuals? E.g., type of assessment used.

Various assessment tools are used depending on the program and regional board. The single entry continuing care assessment tool is used for persons with physical disabilities in some areas; the old FRS Home Support Assessment Tool is used for persons with intellectual disabilities in most regions and one region has modified the FRS Assessment Tool. These are used primarily for accessing home support funding.

5) What services/supports for adults are provided under the mandate of the department? Are persons waitlisted for support services?

See # 3 above
Yes – individuals are wait listed for home supports. I am not aware of wait lists for residential services. There is limited admission into co-operative apartments at present.

6) Do you have pre-determined financial limits to services for adults with disabilities? (Excluding Income Assistance) If not, what are the general maximums for services provided?

For home support services there is a ceiling limit of $3,875 per month. The Flat Rate allowance is $125 per month. Alternate Family Care Rates are up to $1,038 however, exceptions have been approved.

7) How are supports/services funded? E.g., Individualized? grants? per diems? Other? What's in place to govern funding for services to persons with disabilities? E.g., In Nova Scotia we are considering individual or agency service agreements.

Service agreements are used with residential boards (Cooperative Apartment Program) who receive annual budgets that are paid quarterly. When individuals are approved for funding to enable them to hire theirow n home support workers, there is a requirement for a service/funding agreement. This policy is currently being revised and is in draft form for approval in the near future.

8) Does your jurisdiction provide a personal use allowance or comfort allowance (that is additional dollars for personal use on consumer items) for persons living in congregate / residential / per diem based residential centres? If so, what is the monthly dollar amount?

Individuals who require a supportive service in Alternate Family Care Homes/Board & Lodging Arrangements/ Individualized Living Arrangements may receive up to $125/month as a personal allowance. This amount is approved as a part of their financial package. Individuals living in Cooperative Apartments receive a personal allowance equal to $125 from the Board of management's budgeted funds.

9) What are the primary features of your service delivery programs for person with disabilities? E.g., Single entry access, team based assessment, multi-disciplinary. Other approaches?

Individual assessment is completed by Regional Board staff.
Referral is made to appropriate "placement".

10) Is a medical report required for eligibility?

No

11) Do you have a written policy, standards of delivery document? (Excluding Income Assistance) Can this be shared?

Policies are not up to date since the programs moved to the Department of Health and Community Services. Old policies can be shared but may not reflect the current practice accurately.

12) Do you have standardized case or service provider evaluation processes? Can this be shared?

No.

13) Do you have a process for continuous improvement, accountability for quality services / results for both staff and service providers?

Review in progress. Implementing several performance improvements. Service agreements, outcome based.

14) What efforts are underway in regard to sustainability of programs?

Will be reviewed with the Department's Long-term Care and Supportive Services Strategy currently in process.

15) What do you think the future brings for your programs? E.g., the strategic direction?

Improved administration of programs. More choice for consumers.

16) Is licensing required?

None of the residential programs for persons with disabilities are licensed. Alternate Family Care Homes are approved following the process that is in place to approve/license foster homes. Cooperative Apartments and Alternate Family Care Homes must be approved for Fire and Life Safety under Government Services Centre inspection. A service agreement is entered into with the service provider.

17) What level of physical / medical care is provided to adults with an intellectual disability, developmental disability or adults with long term mental health disabilities and if their physical care needs increase how it is addressed?

Levels of Care are not formally applied.

18) What Ministry and Division provide support to Adult Service Centres (day programs in congregate settings to adults with intellectual disabilities)?

We have no formal Day Programs funded for adults with intellectual disabilities.

2.2 PEI - Community Living Services for Adults with Disabilities

Questions

1. Which Ministry provides services to each of the four adult disability categories i.e. developmental disability, intellectual disability, physical disability, pervasive mental illness? 1 a. If one Ministry provides services to more than one of the four adult categories, are the services provided by separate divisions?

Physical Disabilities - Ministry of Heaith and Social Services. - Social Policy Development Division - Disability Support Program; Health Policy Division - Community Care.
Intellectual Disability - Ministry of Health and Social Services - Social Policy Development Division - Disability Support Program.
Developmental Disability - Ministry of Health and Social Services -Social Policy Development Division - Disability Support Program.
Mental Health – Ministry of Health and Social Services - Social Policy Development Division - Community Mental Health; Disability Support Program (Employment and Vocational services).

2) For the Ministry that provides services to adults with an intellectual disability, how is program eligibility determined.

See attached policy for the Disability Support Program.

2a) Is a financial assessment completed for potentially eligible clients. What is the basis of this assessment?

An income test determines amount of client contribution to supports as per attachedpr ogram policy. Supports are based on need and not on entitlement.

3) For the Ministry that provides services to adults with an intellectual disability, what is the range of services and supports provided. For residential services, what are the types of residential options and their bed capacity limits.

The range of supports and services available are identified in the attached policy document. Need information on the range of services and supports provided and their bed limits.

4) How are the services and support requirements identified for individuals? E.g., type of assessment used.

See attached Disability Support Program Screening Tool in the Forms attachment that is enclosed.

5) What services/supports for adults are provided under the mandate of the department? Are persons wait listed for support services?

Residential services and comprehensive supports and services are provided. Need information on the range of residential services.
Yes, clients are occasionally wait listed for residential services. Other supports are not wait listed.

6) Do you have pre-determined financial limits to services for adults with disabilities? (Excluding Income Assistance) If not, what are the general maximums for services provided?

Yes, for persons who are eligible for our Disability Support Program. See attached policy.

7) How are supports/services funded? E.g., Individualized? grants? per diems? Other? What's in place to govern funding for services to persons with disabilities? E.g., In Nova Scotia we are considering individual or agency service agreements.

Individualized funding is used. Service agreements to non-governmental service providers are being reviewed.

8) Does your jurisdiction provide a personal use allowance or comfort allowance (that is additional dollars for personal use on consumer items) for persons living in congregate / residential / per diem based residential centres? If so, what is the monthly dollar amount?

Yes, $55.00/month. This is only available to individuals receiving financial assistance and not receiving supports thru the Disability Support Program.

9) What are the primary features of your service delivery programs for person with disabilities? E.g., Single entry access, team based assessment, multi-disciplinary. Other approaches?

Primary features include:

- Person-centred planning
- Single intake
- Individualized funding
- Inclusive support planning conference approach

10) Is a medical report required for eligibility?

Not normally. See attached program policy.

11) Do you have a written policy, standards of delivery document? (Excluding Income Assistance) Can this be shared?

See attached.

12) Do you have standardized case or service provider evaluation processes? Can this be shared?

Disability support program formative evaluation and telephone survey report is attached. Also attached are draft self-assessment and accountability framework for non-governmental service providers.

13) Do you have a process for continuous improvement, accountability for quality services / results for both staff and service providers?
An evaluation process is in place. Other program areas being reviewed.

14) What efforts are underway in regard to sustainability of programs?

Continued evaluation and review timetables are in place.

15) What do you think the future brings for your programs? E.g., the strategic direction?

More independent living and small congregate settings in the future. Increase in documented processes, accountability.

16) Is licensing required?

Community Care Facilities (5 or more residents) are licensed.
Adult foster care homes are not licensed or regulated.

17) What level of physical / medical care is provided to adults with an intellectual disability, developmental disability or adults with long term mental health disabilities and if their physical care needs increase how it is addressed?

Individualized support plans are in place that are reviewed at least annually.

18) What Ministry and Division prcvide support to Adult Service Centres (day programs in congregate settings to adults with intellectual disabilities)?

Department of Health and Social Services - Social Policy Development Division.

2.3 New Brunswick – Community Living Services for Adults with Disabilities

Questions

1. Which Ministry provides services to each of the four adult disability categories i.e. developmental disability, intellectual disability, physical disability, pervasive mental illness?

The Department of Family and Community Services, under the Long Term Care Program, provide support services to adults with disabilities, regardless of their diagnosis. This includes adults with physical disabilities,int ellectual disabilities, developmental Disabilities and mental illnesses.

- Adults with disabilities, with no or little income, may also be entitled to income assistance from the Department of Family and Community Services.

- Adults with mental illnesses also have access to services offered by the Department of Health and Wellness.

In New Brunswick, a number of ministries provide services to persons with disabilities. Information on services by various Departments can be found at the following website:
http://www.gnb.ca/0048/english/index.htm

1a) If one Ministry provides services to more than one of the four adult categories, are the services provided by separate divisions?

Services by the Department of Family and Community Services to Adults with disabilities, regardless of diagnosis, are provided under different programs (e.g. Long Term Care, Income Assistance, etc.). However, service delivery to client is integrated at the regional level.

2) For the Ministry that provides services to adults with an intellectual disability, how is program eligibility determined.

A comprehensive assessment is done by a trained professional (usually a social worker or a nurse) working for:

- the Department of Family and Community Services (Long Term Care Program), or
- the Department of Health and Wellness (Extra Mural Program), or
- the Department of Health and Wellness (Mental Health Services).

The same process is used for adults with physical disabilities, developmental disabilities or mental illnesses.

2a) Is a financial assessment completed for potentially eligible clients? What is the basis of this assessment?

The applicant's financial condition is not a determinant of eligibility to support services. However, unless the applicant is already receiving income assistance from the Department of Family and Community Services, or is able to cover the full costs of support services, a financial assessment is done to determine the amount the client will pay and the amount of financial assistance by the Department for approved services under the Long Term Care Program.

3) For the Ministry that provides services to adults with an intellectual disability, what is the range of services and supports provided. For residential services, what are the types of residential options and their bed capacity limits?

Services under the Long Term Care Program include home & community support services and residential services.

Support services provided at home are generally personal care services, housekeeping services and respite services. Other services could include Meals-on-Wheels and attendance at an a day-activity centre. The cost ceiling for home support services is $2,040/month.

Long Term Care clients requiring services in a residential facility are assessed by levels of care needs to access services in the following categories of facilities:
a) Nursing Homes (regulated under the Nursing Homes Act)

- Number of facilities in the province : 61
- Total number of beds : Approx. 4,100
- Number of residents (as of September 30, 2000) : 361 adults and 3,553 seniors
- Type of residents : Approximately 91% of nursing home residents are seniors requiring a high level of care and/or supervision (level 3 & 4). The majority have important functional deficits as a result of physical or cognitive impairment.
- Nursing homes are private, not for profit, residential facilities under the management of a Board of volunteers. They range in size from 30 beds to 200 beds.

Community residences (regulated under the Family services Act)

- Number of facilities in the province: 61
- Total number of beds: Approx. 365
- Number of residents (as of September 30, 2000) : Approx. 365 adults
- Type of residents: Approximately 97% of clients in community residences are adults under 65 requiring a high level of care and/or supervision (level 3 & 4), but not requiring regular nursing care/supervision. The majority have important functional deficits as a result of a mental illness, physical disability, traumatic brain injury, intellectual deficiency or cognitive impairment. Many residents have a combination of the above. Generally, level 4 clients present severe behaviour problems.
- Community residences are private, not for profit, residential facilities under the management of a Board of volunteers. They range in size from 6 beds to 8 beds.

Special Care Homes (regulated under the Family services Act)
Number of active facilities in the province : Approx. 530

- Total number of beds : Approx. 4,920
- Number of residents (as of September 30, 2000) : 1,720 adults and 1,995 seniors
- Type of residents: Special care home clients have moderate deficits, as a result of physical or cognitive impairment, or because of a mental illness. They are generally mobile or may require someass istanceor supervision with mobility. They may have some needs (level 1 & 2) for assistance/supervision with personal care (eating, dressing, bathing, etc.) and medication management. Some facilities only admit seniors, other facilities provide services exclusively to adults under 65. Some facilities admit both adults and seniors.
- Special care homes are privately owned, for profit, residential facilities. They range in size from 1 bed to 50 beds.

4) How are the services and support requirements identified for individuals? E.g., type of assessment used.

A comprehensive assessment is done by a trained professional (usually a social worker or a nurse) working for:

- the Department of Family and Community Services (Long Term Care Program), or
- the Department of Health and Wellness (Extra Mural Program), or
- the Department of Health and Wellness (Mental Health Services).

The same process is used for adults with physical disabilities, developmental disabilities or mental illnesses. The assessment identifies the applicant's unmet needs in the area of ADL (activities of daily living), IADL (instrumental activities of daily living) and cognitive capacities.

5) What services/supports for adults are provided under the mandate of the department? Are persons waitlisted for support services?

Please refer to response to question # 3.

6) Do you have pre-determined financial limits to services for adults with disabilities? (Excluding Income Assistance) If not, what are the general maximums for services provided?

For home support and community services, the cost ceiling is $2,040/month.
For residential services:

- Level 1- $36/day (special care home)
- Level 2 - $68/day (special care home)
- Level 3 – $105/day (community residence, or nursing home if the client requires regular nursing care/supervision)
- Level 4 - $134 day – (community residence, or nursing home if the client requires regular nursing care/supervision)

7) How are supports/services funded? E.g., Individualized? grants? per diems? Other? What's in place to govern funding for services to persons with disabilities? E.g., In Nova Scotia we are considering individual or agency service agreements

Home support services are provided by approved home support agencies at $11.25/hour or by private homemakers (selected by client) generally at or slightly above minimum wage. Client pays his financial contribution directly to the service provider agency or private homemaker. For subsidized clients, invoices are sent by the service providers to the Department for the portion of the service cost paid by the Province. Self-management is used in a limited number of cases.

For residential services, client pays his financial contribution directly to the operator of the facility. For subsidized clients, the Department issues monthly cheques (in advance), based on established per diem rates (payable to the client, or to the client & operator of the facility).

8) Does your jurisdiction provide a personal use allowance or comfort allowance (that is additional dollars for personal use on consumer items) for persons living in congregate / residential / per diem based residential centres? If so, what is the monthly dollar amount?

Yes. Nursing homes - $88/month.
Homes for Special Care / Community Residences -$110/month (included in the per diem rates).

9) What are the primary features of your service delivery programs for person with disabilities? E.g., Single entry access, team based assessment, multi-disciplinary. Other approaches?

Single entry access, with 3 partners:

- the Department of Family and Community Services (Long Term Care Program), or
- the Department of Health and Wellness (Extra Mural Program), or
- the Department of Health and Wellness (Mental Health Services).

Complementary/supplementary assessments are done when indicated.
Cases assessed as requiring level 3 or level 4 care services in a residential facility are presented by the assessor to a Panel where each partner has a senior representative and a physician is present. Client and/or family members are invited to attend. Panel is also used for consultation. Role of panel is to confirm the appropriateness of the assessment and service plan.

10) Is a medical report required for eligibility?

Yes, it is part of the assessment process.

11) Do you have a written policy, standards of delivery document? (Excluding Income Assistance) Can this be shared?

We have written standards for home support services, day activity agencies and adult residential facilities.

These documents are available upon request.

12) Do you have standardized case or service provider evaluation processes? Can this be shared?

Adult residential facilities are inspected and monitored regularly. Annual certificates of approval are issued. Incidents/complaints are investigated.

There is less control over home support agencies and private homemakers. Incidents/complaints are investigated.

13) Do you have a process for continuous improvement, accountability for quality services / results for both staff and service providers?

No. However, a new approach is being developed to evaluate the quality of services provided in adult residential facilities.

14) What efforts are underway in regard to sustainability of programs?

Following the Long Term Care Program Review in 2000, a decision was made to separate services to adults with disabilities from the Long Term Care Program. A Working Group was formed to make recommendations for a new Disability Framework, with the directive that services under the new program will have to be provided under the currently allocated financial resources.

15) What do you think the future brings for your programs? E.g., the strategic direction?
The Disability Framework Working Group submitted its Report in Fall 2002. The Government Response to the Report was released in early September 2003. Two pilots sites will be established to test some of the new approaches recommended in the report.

For more information on this, please visit: http://www.gnb.ca/cnb/Promos/Disability/index-e.asp

16) Is licensing required?

Yes. All adult residential facilities must be approved before providing personal care services.

17) What level of physical / medical care is provided to adults with an intellectual disability, developmental disability or adults with long term mental health disabilities and if their physical care needs increase how it is addressed?

Clients at home or in adult residential facilities (except nursing homes) have access to the same medical services as other New Brunswickers. A Health Card is provided to those receiving financial assistance from the department of family and Community Services.

Clients in nursing homes can receive services from their regular physician. There is also a physician visiting residents in each nursing home. Registered nurses are present in each nursing home.

18) What Ministry and Division provide support to Adult Service Centres (day programs in congregate settings to adults with intellectual disabilities)?

The Department of Family and Community Services, under the Long Term Care Program, has contractual arrangements with 28 ADAPT agencies, providing day programs to approximately 900 Long Term Care clients.

2.4 Manitoba – Services for Person's with Disabilities Division

Questions

1) Which Ministry provides services to each of the four adult disability categories i.e. developmental disability, intellectual disability, physical disability, pervasive mental illness?

It is important to note that the scope of the specialized needs for each of the target groups identified below, is multi-facetted. The specialized services available to support these populations, therefore, involve potentially numerous departments and agencies. Only the departments which typically are identified as providing social service supports, vocational readiness and educational supports, and health care supports will be identified, unless otherwise warranted.

Services in Manitoba are divided in such a manner that supports to persons with a "psychiatric disability" or mental illness are primarily offered through the Department of Health and directly by Regional Health Authorities (RHAs). RHAs are independent public bodies, each with a Board of Directors.

Specialized services for persons with a "mental disability" or "intellectual disability" are funded and, to an extent, delivered by Manitoba Family Services and Housing (FSH) via the Supported Living program

All (four) Categories of Disability

Medical and in-home support needs met via the Regional Health Authority with jurisdiction in the geographic region of Manitoba where the recipient of service resides.

Income supports in the form of "social welfare" benefits are provided by Manitoba Family Services and Housing via this department's Employment and Income Assistance (EIA) program. This program is available to persons with a significant physical disability who are not eligible to receive CPP disability or some other alternative financial benefit. Eligibility for the EIA program is subject to "means testing".

Vocational Rehabilitation services are funded via Manitoba Family Services and Housing and are typically delivered by community-based, not-for-profit service providers.

General and issue-specific counselling services are available from a range of service providers operating in the community, most often not-for-profit agencies. Some limited counselling services are available from programs delivered directly by Regional Health Authorities and government departments, including Manitoba Family Services and Housing.

Educational Services are provided to disabled children and adults via integrated and specialized educational options, with integration being the preferred option whenever possible. Required supports are provided by a range of departments and agencies, including Manitoba Education and Training, Manitoba Family Services and Housing, Manitoba Health and Regional Health Authorities.

1a) If one Ministry provides services to more than one of the four adult categories, are the services provided by separate divisions?

In the minority of instances, disability-specific differentiation occurs in the delivery of programs within individual departments in this province. The emphasis is on developing responsive services which have a

"cross-disability" focus in offering specific supports which address specific identified needs (eg: Income Support, Accessibility Supports, Vocational Supports).

2) For the Ministry that provides services to adults with an intellectual disability, how is program eligibility determined.

The Supported Living program is a discretionary program (not a program mandated by statute), and that the availability of service to an eligible individual is contingent on the urgency of need and the availability of funding.

The Supported Living program relies on established criteria to determine eligibility. These are included as Appendix One to this response. However, in brief, eligibility requires that the onset of the mental disability be prior to age 18 years, that the IQ score not exceed 70 (with consideration given to an IQ score of between 70 - 75 when interpretation error of test score is deemed a possibility), and that the IQ co-exist with impaired adaptive behaviour.

2a) Is a financial assessment completed for potentially eligible clients? What is the basis of this assessment?

Income Assistance program benefits are separate and may vary, depending on the nature of the Supported Living options put in place and the resources forthcoming from that program. Eligibility for Income Assistance (not Supported Living) remains subject to a "means test". No such "means testing" is woven into the Supported Living eligibility criteria (see above).

3) For the Ministry that provides services to adults with an intellectual disability, what is the range of services and supports provided. For residential services, what are the types of residential options and their bed capacity limits.

An individual with a mental disability becomes eligible to be considered for Day Program funding from Family Services effective at age 21. Consideration for residential funding becomes a part of a comprehensive planning process which can begin prior to age 18.

It is important to initially clarify that services in Manitoba are divided in such a manner that supports to persons with a "psychiatric disability" or mental illness are offered through the Department of Health and directly by Regional Health Authorities (RHAs). RHAs are independent public bodies, each with a Board of Directors.

Services for persons with a "mental disability" or "intellectual disability" are funded and, to an extent, delivered by Manitoba Family Services and Housing (FSH) via the Supported Living program. FSH provides a range of services for persons with a mental disability, i.e. for persons affected by an IQ which is measured in a range of 70 or less with accompanying mal-adaptive behaviours. These services include Residential Services, Day Services, and Respite and related services.

The services offered through the Supported Living Program are intended to provide participants with the opportunity for independence in a community setting to the extent possible for each individual. A person's eligibility for these discretionary services is generally assessed with the use of an interview process and recognized psychometric tests.

The Supported Living program supports potentially available include Residential Services, Day Services, and related Support Services. Additional supports may consist of transportation between Residential and

Day Programs, respite and crisis intervention for persons who are determined to be in need and who have a mental disability as defined in the program criteria.

Supported Living - Residential Services

The Supported Living - Residential Services Program provides a range of residential and support services (e.g. respite) to assist adults with a mental disability to live in the community in their residential option of choice, including;

- a family home;
- independent living with supports;
- self-management through "In Company of Friends" where the program participant manages funding with the assistance of a support network; and
- residential care facilities - licensed facilities that include foster homes and private and agency-managed facilities.

Program supports are provided to eligible individuals according to an individual plan, as required under *The Vulnerable Persons Living with a Mental Disability Act*, and include care, life skills development, training, respite funding, as well as protection and crisis intervention as necessary.

Supported Living - Day Services

The day services provided through the Supported Living program include supported employment and follow-up services, services with a vocational focus, and individualized development services:

- **Supported Employment and Follow-Up Services** are aimed at supporting individuals in jobs in community settings. Individual support and training are provided at employment settings within the community. Once a job is secured and training is complete, follow-up services which include those activities that need to occur for the worker to maintain the job, are provided.
- **Services with a Vocational Focus** are aimed at developing, maintaining, and maximizing an individual's vocational and social skills. The ultimate goal is competitive employment in integrated community settings.
- **Individualized Development Services** are aimed at developing, maintaining, and maximizing an individual's personal care skills, emotional growth, physical development, socialization opportunities, and communication skills through the provision of in-house or community-based activities. Personal development services may also include activities with a vocational focus whenever possible.

4) How are the services and support requirements identified for individuals? E.g., type of assessment used.

Interview process with individual and family/support circle, various psych. testing, refinement of activity based on experience with individual and outcomes.

5) What services/supports for adults are provided under the mandate of the department? Are persons waitlisted for support services?

See response to question #3. Waitlists are maintained for both residential placement and day services, as necessary. Prioritization according to identified urgency occurs.

6) Do you have pre-determined financial limits to services for adults with disabilities? (Excluding Income Assistance) If not, what are the general maximums for services provided?

Day Program per diems.

Regular Rate = $24.37
Special Rate (where additional supports required) = up to $61.20
(Special approval is required above this rate)

Residential rates

Approx. average per diem of $200.00, though rate is tailored (higher or lower) to reflect level of supports and service required in each placement. (Special approval is required above this rate).

7) How are supports/services funded? E.g., Individualized? grants? per diems? Other? What's in place to govern funding for services to persons with disabilities? E.g., In Nova Scotia we are considering individual or agency service agreements.

Individualized funding is the norm, though some specialized service providers are funded, in whole or in part, using block grant funding.

For most agencies with which Manitoba Family Services and Housing works, "Service Purchase Agreements" are in place. This is a document, signed by agency representatives and this department, which defines the types and level of service to be provided by the Agency.

8) Does your jurisdiction provide a personal use allowance or comfort allowance (that is additional dollars for personal use on consumer items) for persons living in congregate / residential / per diem based residential centres? If so, what is the monthly dollar amount?

Through Employment and Income Assistance, individual receives disability related support regardless of where they live (i,e., Developmental centre or residential group homes) of $80.00. In addition, individuals who live in per diem rate community residence also receive basic needs for purchase of clothing and personal needs at $136.

9) What are the primary features of your service delivery programs for person with disabilities? E.g., Single entry access, team based assessment, multi-disciplinary. Other approaches?

Currently, the Supported Living Program is delivered through access by referrals to regional offices. If the referral is not appropriate then individuals are referred to other programs and services. The Department is working toward an integrated service delivery model which will be a multi-disciplinary approach to service delivery. In Winnipeg, the Department is working toward a single entry access with the Winnipeg Regional Health Authority.

10) Is a medical report required for eligibility?

No. Please refer to process defined in above responses.

11) Do you have a written policy, standards of delivery document? (Excluding Income Assistance) Can this be shared?

Adult Services Policy Manual. Can share.

12) Do you have standardized case or service provider evaluation processes? Can this be shared?

No standardized evaluation process for the program delivery system. Residential Care Licensing is a function which serve to ensure that standards are in place for both all providers delivering residential service to persons residing in placements supported by Supported Living, Mental Health and/or Age and Infirm programming.

13) Do you have a process for continuous improvement, accountability for quality services / results for both staff and service providers?

Quality assurance processes are being explored at both the level of the department as well as individual programs.

14) What efforts are underway in regard to sustainability of programs?

Ensuring the quality of existing programs is a current priority. In addition to ongoing monitoring and compliance activity, the department has undertaken Phase Three of a Staffing Stabilization Initiative (SSI). The purpose of SSI is to ensure that funding is available to service providers at a level sufficient enough to allow for the payment of wages and benefits which will support the recruitment and retention of skilled and committed service delivery staff. Past phases have increased salaries of agency staff to an average of $9.50.

Departmental initiatives are also being planned to facilitate a standardized training and certification process for residential and day program staff. This project is in the early stages of development and will require the collaboration of Family Services and Housing, service providers and existing educational programs and institutions throughout Manitoba.

15) What do you think the future brings for your programs? E.g., the strategic direction?

The ongoing realization of quality programming which promotes choice and community integration in an appropriately supported environment. It is expected that there will be the ongoing expectation to address increasing demands for service in an environment of resource constraints. These principles are part of *The Vulnerable Persons Living with a Mental Disability Act.*

Integrated service delivery is a big strategic direction as described above.

16) Is licensing required?

Residential care facilities with 3 adults or more are licensed. Residential care facilities of 3 or less receive a Letter of Approval. All residential care facilities fall under the Residential Care Facilities Licensing Regulation.

17) What level of physical / medical care is provided to adults with an intellectual disability, developmental disability or adults with long term mental health disabilities and if their physical care needs increase how it is addressed?

Care is provided via the established system, mainstream community and hospital systems. Where individuals reside ina n institutional environment (a minority of Supported Living participants), a basic medical infra-structure is part of the facility's resource base.

See also, response to Question One (above).

1b) What Ministry and Division provide support to Adult Service Centres (day programs in congregate settings to adults with intellectual disabilities?

The responsible provincial department is Manitoba Family Services and Housing.

The Divisions involved in providing service to persons with intellectual disabilities are:

1. The Community Service Delivery Division - provides service and program supports via a regional office structure and frontline social workers (Community Service Workers).

2. The Services to Persons with Disabilities Division - develops strategic initiatives, policies and programs to address the perceived needs of persons with mental disabilities, in supporting the least intrusive options for supporting the integration of program participants into community to the fullest extent possible.

2.5 *Saskatchewan - Community Living Services for Adults with Disabilities*

Questions

1. Which Ministry provides services to each of the four adult disability categories i.e. developmental disability, intellectual disability, physical disability, pervasive mental illness?

In Saskatchewan the following ministries are responsible for service provision:

Physical Disability, residential supported through Health Districts and income through Community Resources and Employment.

Intellectual Disability supported under Department of Community Resources and Employment (Community Living Division)

Developmental Disability - Department of Community Services- Resources and Employment Division (Community Living Division)

Mental Health _ Ministry of Health supported through Regional Health Authorities _ Adult Community Services Program and the Community Care program

1a) If one Ministry provides services to more than one of the four adult categories, are the services provided by separate divisions?

Intellectual Disability and Development Disabilities are supported under Department of Community Resources and Employment, Community Living Division (CLD) - Children and adults in one division. Services to children with intellectual disabilities is typically done so by supporting families via, a respite program.

2) For the Ministry that provides services to adults with an intellectual disability, how is program eligibility determined.

Intellectual disability determined by using IQ assessment, of 70 +/- 5 points.
Other population definitions are based on general medical terminology.

2a) Is a financial assessment completed for potentially eligible clients? What is the basis of this assessment?

Financial support for people with Intellectual Disabilities and Development Disabilities is provided by Income Security under Community Resources and Employment. Workers complete standardized financial assessments including assets, liability, number of dependents, etc.

3) For the Ministry that provides services to adults with an intellectual disability, what is the range of services and supports provided. For residential services, what are the types of residential options and their bed capacity limits.

People with an intellectual disability are offered residential and vocational support, based on their needs.

Vocational:

People with disabilities are able to access vocational supports, which are typically delivered by a community based organization (CBO). Individuals who require considerable supports are typically supported in developmental programs, where there are more staffing supports and programs are more appropriate to their needs. In these programs there is typically a 4:1 staffing model. Individuals who require less supports are typically referred to the activity program. These programs are geared towards light assembly, cottage industry employment, etc. Individuals in these programs typically require less staffing supports, typically these programs are staffed in a 8:1 staffing model. Individuals who can work more independently are referred to the sheltered workshop programs. In these areas individuals work in carpentry areas, recycling, horticulture, all depending on the industry appropriate to the agency. Staffing of these programs is typically 12:1, depending on the agency and the individuals in the program.

People with intellectual disabilities who are more geared to community employment are encouraged and supported to work in the private employment sector. Employment supports are available in the form of vocational assessments, training, job coaches, wage subsidy to the employer.

People with disabilities (Development Disabilities and Intellectual Disabilities) in Saskatchewan may receive supports from CLD. Individuals with greatern eeds are typically considered for placement in a group home. In most instances these group homes are managed and operated by a community based organization. These group homes are licensed on an annual basis by CLD staff. Group homes are generally a maximum of 7 residents, however most new homes developed are 3-4 residents in size.

Individuals who do not require this level of care, are typically referred to the Approved Private Service Home (APSH) program. These homes are similar in operation and functionality to the foster home model. The APSH, is a family home, where the individual is included and supported as a member of the family. These homes are recruited, supported, training and licensed by CLD.

4) How are the services and support requirements identified for individuals? E.g., type of assessment used.

Residentially the supports are identified through the completion of the Daily Living Support Assessment (DLSA). In the APSH this assessment score indicates the level of support and the funding which is to paid for this service.
The DLSA is used for informational purposes in the group homes. The group homes are grant funded, thus the DLSA is not used for funding allocation.

Annually a Personal Centered Plan is completed with every client to identify goals and interests of the client.

5) What services/supports for adults are provided under the mandate of the department? Are persons wait listed for support services?

Vocational and residential services were briefly listed in #4. Individuals may be wait listed for the group homes, and the APSH's. The waiting lists vary from community to community, based on need and community demand. Most vocational programs are grant funded for # of spaces, as a result there is typically a waiting list in most programs.

6) Do you have pre-determined financial limits to services for adults with disabilities? (Excluding Income Assistance) If not, what are the general maximums for services provided?

There is not a funding maximum as would be the case if individualized funding were being used.

7) How are supports/services funded? E.g., Individualized? grants? per diems? Other? What s in place to govern funding for services to persons with disabilities? E.g., In Nova Scotia we are considering individual or agency service agreements.

Grants are provided to residential services and workshops programs.
Service contracts are used with service providers, renewed annually. These contracts include outcome evaluation process.

8) Does your jurisdiction provide a personal use allowance or comfort allowance (that is additional dollars for personal use on consumer items) for persons living in congregate / residential / per diem based residential centres? If so, what is the monthly dollar amount?

There are personal funds via income assistance, which is a base entitlement. Individuals who live in group homes or approved private service homes, receive a personal comforts allowance of $85 a month.

9) What are the primary features of your service delivery programs for person with disabilities? E.g., Single entry access, team based assessment, multi-disciplinary. Other approaches?

Currently there is an application process, where individuals apply to programs in their community. These community programs are typically owned, operated and delivered by a community agency.

10) Is a medical report required for eligibility?

Medical is required for most agency applications. CLD requires some form of assessment, which identifies the applicants cognitive functioning, prior to their being considered for any CLD funded program.

11) Do you have a written policy, standards of delivery document? (Excluding Income Assistance). Can this be shared?

Written policies are in place, agencies are expected to maintain current policy manual.
These policies are reviewed every 2 years to ensure their accurate and reflective of their service agreement with the department. Focus of the policies is to ensure the outcome of these policies is best supports to the clients.

Based on outcome measures, standard scheduled reviews.

Will share / exchange.

12) Do you have standardized case or service provider evaluation processes? Can this be shared?

Service contracts incorporate evaluation. Saskatchewan Basic Standards document which reviews agency policies every two years is available.
Will share.

13) Do you have a process for continuous improvement, accountability for quality services / results for both staff and service providers?

Service contracts incorporate evaluation.
Will share.

14) What efforts are underway in regard to sustainability of programs?

Not clear.
Assume incremental growth.

15) What do you think the future brings for your programs? E.g., the strategic direction?

Budget pressures mounting. Children who are moving to adult programs are increasing pressures. It is anticipated there will be greater pressure on communities to effectively respond to the needs of their community members.

16) Is licensing required?

Group Homes and Approved Private Service Homes are licensed under Residential Services Act.

17) What level of physical / medical care is provided to adults with an intellectual disability, developmental disability or adults with long term mental health disabilities and if their physical care needs increase how it is addressed?

Group Homes and Approved Private Service Homes do notpr ovide health care services unless trained to do so. If the care required by the individual client cannot be met in the community, a referral is made to the appropriate community health resource.

18) What Ministry and Division provide support to Adult Service Centres (day programs in congregate settings to adults with intellectual disabilities)?

Community Living Division of Department of Community Resources and Employment.

2.6 *British Columbia – Community Living Services for Adults with Disabilities*

Questions

1. Which Ministry provides services to each of the four adult disability categories i.e. developmental disability, intellectual disability, physical disability, pervasive mental illness?

In British Columbia the following ministries are responsible for service provision:

Developmental Disability – There is not a ministry responsible for these individuals. They may be served by MCFD if they also have an intellectual disability, or by Health if they also have a mental illness or physical disability.

Intellectual Disability - Ministry for Children and Family Development (MCFD term for these individuals is developmental disability)

Pervasive Mental Illness - Ministry of Health Services.

Physical Disability - Ministry of Health Services.

All of the individuals with disabilities as above would likely qualify for Persons With Disability Benefits, an income assistance program through the Ministry of Human Resources (MHR).

1b. If one Ministry provides services to more than one of the four adult categories, are the services provided by separate divisions?

Intellectual Disability - Ministry for Children and Family Development – The Adult Community Living Services Branch serves adults with developmental disabilities. Plans are underway to transfer responsibility for these services, as well as services to children with special needs, to a provincial Community Living Authority in 2003/2004. Progress is also underway to transfer most child and family development services (child protection, family support etc.) to five regional authorities, and to establish five Aboriginal authorities for services to aboriginal children and families.
Pervasive Mental Illness - Ministry of Health Services – adults are served in the Mental Health /Addictions Division.
Physical Disability - Ministry of Health Services.

2. For the Ministry that provides services to adults with an intellectual disability, how is program eligibility determined.

The current eligibility criteria are in keeping with the internationally accepted definition of developmental disability:

- Onset before 18 years of age;
- Measured significant limitations in two or more adaptive skill areas; and
- Measured intellectual functioning of approximately 70 IQ or below.

2a. Is a financial assessment completed for potentially eligible clients? What is the basis of this assessment?

Adults with developmental disabilities who receive residential services are assessed to determine their financial eligibility for services. Most of the adults in our residential services receive Persons with Disability (PWD) Benefits from MHR ($786 per month) and pay a user fee ($21.50 per day) for their residential service. The residential service provider collects the user fee from the individual and deducts the amount received from the monthly amount billed to the ministry.
There is no financial eligibility assessment for Training and Support/day program services.

3. For the Ministry that provides services to adults with an intellectual disability, what is the range of services and supports provided. For residential services, what are the types of residential options and their bed capacity limits.

See the answer to question #6.

The current adult community living area provides residential and day programming support to adults with developmental disabilities. Residential services are provided in family care settings, semi-independent living arrangements, and in non-profit and privately operated group homes/staffed resources. We do not have an 'official' bed limit but there are very few resources (estimate less than 3%) over 6 beds.

Training and support programs (day programs) include self-help skill development, supported work, home support, and professional support.

An interim authority is primarily responsible for planning forth e transition of these community living services from government to a permanent provincial authority.

4. How are the services and support requirements identified for individuals? E.g., type of assessment used.

A Personal Service Planning process is used by ministry staff in providing services to individuals with a developmental disability. It is to be flexible enough to allow for individual variation.

In most situations the planning process will follow the five stages from intake, through assessment, development, and implementation, to review. However, the social worker may initiate activities from any of the stages as necessary to respond to an individual need.

The degree to which a personal service plan (PSP) is developed for an individual will depend on the amount and type of service the individual requires. For example, if a person is receiving a variety of services with frequent changes to the plan, monthly reviews may be necessary. On the otherh and, if the person requires only minimal service, not every stage of the PSP may be needed.

The assessment process includes information from diagnostic tests (IQ and Adaptive skill tests like the Vineland conducted by a registered psychologist), personal observation, discussion with family and friends of the individual.
There is also a functional assessment form that staff can use but it is not consistently used.

5. What services/supports for adults are provided under the mandate of the department? Are persons waitlisted for support services?

Residential Programs provide housing that promotes clients' independence while meeting their individual needs. Where possible, placements are arranged in the client's home community. A variety of options allow individuals and their families to select the one thatb est suits their needs.
Options include the following:

- **Community residences** vary in size from small family homes to larger residential facilities. All provide care and support, as needed.

- **Semi-independent living** assists clients to live either alone or in small groups in homes or apartments. People live as independently as possible with the help of in-home support staff as required and services are tailored to the needs of the individual.

- **Respite/relief** provides emergency or short-term care for adults in community residences to give caregivers periodic relief from their responsibilities. Respite provides temporary care outside the home, while relief services provide alternative in-home care.

- **Intensive adult care** provides short-term community-based care for adults with challenging behaviours or unique needs that cannot be served by existing respite or temporary care facilities.

Training and Support Programs are offered in four areas:

- **Self-help skills** provide training in personal care, social integration and job readiness; individuals may receive one-to-one or group assistance and are encouraged to progress towards more demanding or challenging activities as they are able.

- **Home support programs** assist individuals to maintain independent or semi-independent living by offering direct homemaking or household management services, or by providing training in these skill sets.

- **Supported work programs** provide a combination of work experience, training and support to help individuals find and maintain work experience placements and employment.

- **Professional support services** provide assessment, support, consultation, and planning to individuals or those who support them, to ensure continued success in community placements. They also help servicepr oviders, ministry staff and families topl an, implement, monitor and evaluate programs and services related to community living, including training for caregivers.

Budgets are fully committed and there are waitlists in most areas.

The Adult Community Living Services Branch and the Interim Authority are working on a provincial waitlist policy.

6. Do you have pre-determined financial limits to services for adults with disabilities? (Excluding Income Assistance) If not, what are the general maximums for services provided?

There is a great deal of variation in the cost of services. Residential services might be as costly as plus $250,000 for one individual for a year, and as little as $15,000 per year.
Average cost for residential services is in the order of $68,000/per year.
Average cost for Training and support services is $15,000/per year.

7. How are supports/services funded? E.g., Individualized? grants? per diems? Other? What's in place to govern funding for services to persons with disabilities? E.g., In Nova Scotia we are considering individual or agency service agreements.

For the most part, services are provided by contractual arrangements with community service providers. Ministry staff are responsible for monitoring services for compliance with the contract. Accreditation is also in place for large agencies.

The Ministry of Children and Family Development is also looking to introduce a broader range of funding options for families to better meet their needs, including individualized and direct funding.

8. Does your jurisdiction provide a personal use allowance or comfort allowance (that is additional dollars for personal use on consumer items) for persons living in congregate / residential / per diem based residential centres? If so, what is the monthly dollar amount?

It used to be that comforts and clothing allowances were provided by MHR to individuals in our residential resources, but now most of our clients receive PWD benefits through MHR. Monthly amount is $786. After paying user fee of $21.50 per day, what is left over is their discretionary income.

9. What are the primary features of your service delivery programs for person with disabilities? E.g., Single entry access, team based assessment, multi-disciplinary. Other approaches?

The ministry's programs for adults with developmental disabilities are accessed through local Services for Community Living offices, located in all large communities and within commuting distance of smaller communities.

Social workers in these offices work with individuals, parents, caregivers and other professionals to develop and support individual plans for people with developmental disabilities.
The personal service planning process is a team effort to develop an individualized plan of services to meet the person's current and future needs. The planning team consists of the person being planned for, the person's family, ministry staff, service providers, and other professionals in the community. This team designs a plan that matches the person's needs and strengths to available community options, while at the same time identifying future areas of support that may be necessary.

Services divided / provided by population served.

10. Is a medical report required for eligibility?

While physician reports may form part of the documentation, more critical are the intellectual and adaptive skill assessments by registered psychologists. The functional assessment, when used, is completed by ministry staff.

11. Do you have a written policy, standards of delivery document? (Excluding Income Assistance) Can this be shared?

There are written policies for adult community living services but they are out of date. The Interim Authority is developing policy for the permanent authority for when it takes over responsibility for CL services.
Flexible individualized funding policy is being jointly worked on by the ministry and Interim Authority to promote a greater range of options.
We have residential service standards that are also being updated.
Based on outcome measures, standard scheduled reviews.
Will share / exchange.

12. Do you have standardized case or service provider evaluation processes? Can this be shared?

Service contracts incorporate evaluation. Accreditation is also in place for large service providers.
Will share.

13. Do you have a process for continuous improvement, accountability for quality services / results for both staff and service providers?

Interim Authority is developing quality assurance mechanisms to be in place when the transfer of responsibility for CL services takes place.
Service contracts incorporate evaluation.
Accreditation is in place for large agencies.
Will share.

14. What efforts are underway in regard to sustainability of programs?

British Columbia is taking steps to improve process efficiencies. In 2003/2004, the Ministry of Children and Family Development will transfer authority and responsibility to a single provincial authority where government retains responsibility for funding, performance agreements, monitoring and assessing accountabilities of the authority. The authority will be responsible for directing operations, enforcing standards, managing funds and services.

A key strategic shift is to promote family and community capacity so that there is less reliance on formal/paid services.

In moving to a provincial authority for this area, the Ministry of Children and Family Development, families and communities will work in close partnership to create a system to better meet the needs of adults with developmental disabilities through shared responsibility, individual choice and innovation, and to provide children and adults with developmental disabilities opportunities for an enhanced quality of life.

15. What do you think the future brings for your programs? E.g., the strategic direction?

A focus on supports and incentives in order to maintain as many adults with developmental disabilities as possible to remain in their families' homes or semi-independently in their communities.
Building family and community capacity so there is less reliance on formal/paid services.
A range of funding options, including individualized and direct funding, is being developed.

16. Is licensing required?

Community residential facilities with three or more residents are licensed for health and safety standards.

17. What level of physical / medical care is provided to adults with an intellectual disability, developmental disability or adults with long term mental health disabilities and if their physical care needs increase how it is addressed?

The level of care provided depends on the need. There may be joint cost sharing agreements with Health for our clients who have significant health needs. There is also a Health Service for Community Living (HSCL) program provided through the Ministry of Health designed for our clients. And a consulting physician specializing in adults with developmental disabilities is available through Health. If physical care needs increase, Health staff are asked to do an assessment to determine what health services are needed to meet the need. Negotiation with health would take place regarding what needs to be provided and how it would be paid for.

18. What Ministry and Division provide support to Adult Service Centres (day programs in congregate settings to adults with intellectual disabilities)?
We no longer have Achievement Centres, but there are group self- help skills programs supported by MCFD.

2.7 *Alberta – Community Living Services for Adults with Disabilities*

Questions

1) Which Ministry provides services to each of the four adult disability categories i.e. developmental disability, intellectual disability, physical disability, pervasive mental illness?

In Alberta, personal supports for adults with a developmental disability are separate from income supports. As such, personal supports that assist the person to live, work and participate in the community are provided through a community governance structure, Persons with Developmental Disabilities (PDD) which is a crown corporation.

PDD is an arms length legislated authority which reports to the Minister of Community Development. In Alberta the term developmental disability equates closely to Nova Scotia's term intellectual disability, without the categorization of degrees of severity or set IQ numbers.

In Alberta the following ministries provide residential services to persons with disabilities:
Physical Disabilities - Ministry for Human Resources and Employment
Intellectual Disability - Minister of Community Development, through Persons with Developmental Disabilities Provincial Board (PDD)
Developmental Disability - Minister of Community Development
Mental Health - Ministry for Health and Wellness

1a) If one Ministry provides services to more than one of the four adult categories, are the services provided by separate divisions?

Ministerial responsibility not clearly broken out by disability label. For example people with a developmental disability who also have a physical disability or mental health issue may receive supports from PDD. On the other hand if a person with a developmental disability requires

employment supports that are available as a generic resource within another ministry, they will access supports there as would all Albertans.

2) For the Ministry that provides services to adults with an intellectual disability, how is program eligibility determined.

Must be 18 years of age, living in Alberta and must have a developmental disability, using the following criteria, which have been adapted from AAMR:

- Significantly below average intellectual capacity (no hard and fast IQ)
- Onset prior to age 18
- Related limitations in 2 or more adaptive skills related to life functioning

2a) Is a financial assessment completed for potentially eligible clients? What is the basis of this assessment?

There is a clear separation of income supports from personal supports in Alberta. An individual receiving PDD funded personal supports does not need to undergo an income test, nor do they need to contribute to the costs of the supports provided.

3) For the Ministry that provides services to adults with an intellectual disability, what is the range of services and supports provided. For residential services, what are the types of residential options and their bed capacity limits.

Full range of services from independent living, paid roommates, supervised apartments, 24/7 services (both community and institutional settings), to totally individualized options. Over 90% of individuals supported reside in the community.
Alberta has not used a group home approach since the late 1980's. Focus is on individualizing supports in natural arrangements in the community, typical of all citizens.

4) How are the services and support requirements identified for individuals? E.g., type of assessment used.

Use Principles for Determining Individual Support Needs to determine support needs and guide how supports are provided. Key message- individuals and families know best what kind of support they need and funded supports need to promote community inclusion. PDD does not support the use of standardized assessment tools to determine needs. Approach based on the literature and community consultation.

5) What services/supports for adults are provided under the mandate of the department? Are persons waitlisted for support services?

Full range of services from independent living, supervised apartments, 24/7 services to small options.
No wait lists. Wait lists essentially eliminated in the late 1980's when the focus shifted from available spaces in programs- group homes and day programs, to an individualized approach.

6) Do you have pre-determined financial limits to services for adults with disabilities? (Excluding Income Assistance) If not, what are the general maximums for services provided?

No pre-determined limits or guidelines. Based on unique circumstances of each individual, within context of community resources available. Use of generic natural and community resources is encouraged, with PDD being one of many resources available.

7) How are supports/services funded? E.g., Individualized? grants? per diems? Other? What's in place to govern funding for services to persons with disabilities? E.g., In Nova Scotia we are considering individual or agency service agreements.

Combination of both in Alberta - have both individual and service provider agreements. Currently exploring how to shift focus to outcomes for people. We are definitely moving to all costs being identified at the individual basis, using our Principles for Determining Individual Support Needs, while also looking at agency overhead separately. See our website www.pdd.org. Go to Provincial Board and What's New. Funding Review Update is the first item- gives you info re international environmental scan, our conceptual design recommendations and our current demonstration phase, in preparation for provincial implementation.

8) Does your jurisdiction provide a personal use allowance or comfort allowance (that is additional dollars for personal use on consumer items) for persons living in congregate / residential / per diem based residential centres? If so, what is the monthly dollar amount?

No under PDD, as we do not address income related matters. For the vast majority of the 90% + individuals who are supported by PDD in the community, they receive monthly living allowance from Assured Income for the Severely Handicapped (AISH). Individuals who reside in govt run congregate care facilities do get a comfort allowance.

9) What are the primary features of your service delivery programs for person with disabilities? E.g., Single entry access, team based assessment, multi-disciplinary. Other approaches?

Community consultations have consistently told us very clearly that individuals and families want multiple access points, without a reliance on multidisciplinary assessment processes. This is in part why we have Principles for Determining Individual Support Needs versus assessment guidelines.

10) Is a medical report required for eligibility?

No. Typically by the time individuals reach adulthood, they have experienced assessments in childhood and the fact of their disability is clear. If not, however, a variety of professional resources could be called upon to determine the type of support needs and if this links to having a developmental disability

11) Do you have a written policy, standards of delivery document? (Excluding Income Assistance) Can this be shared?

Yes. Available at www.pdd.org, Provincial Board, Progarm Frameworks, Community Inclusion Supports Framework. This document is currently being revised to be far less bureaucratic in its focus to be more open and responsive to the needs of individuals with developmental disabilities and their families.

12) Do you have standardized case or service provider evaluation processes? Can this be shared?

No. We have consciously stayed very far from a standardized evaluation process, preferring to individualize to be responsive to the unique needs of each individual. We are however looking at moving towards an outcome focus and how we measure it. For example, did the person get what they wanted, e.g. a job

13) Do you have a process for continuous improvement, accountability for quality services / results for both staff and service providers?

A variety of processes are in place, with a growing emphasis on accountability measures and outcomes. Currently for example:

- all service providers must meet Creating Excellence Together Standards every three years and results are monitored (see www.albertarehab.org)
- all service providers must be trained to and adhere to our Abuse Prevention and Repsonse Protocol (available at www.pdd.org)
- Contractual agreements, with accountability clauses are in place with all service providers
- Individual, family and staff satisfaction surveys are routinely conducted
- Key stakeholders of provincial service provider and advocacy organizations are routinely involved in policy development and review
- Individuals and families are routinely consulted and involved in policy and practice areas, both regionally and provincially

14) What efforts are underway in regard to sustainability of programs?

Much attention has been paid to sustainability, looking at the literature, experience and what we have been told through consultation. The result is a commitment to do business differently. Attached is a document from April 2002 that has resulted in the commitment to do business differently. I'd be happy to share how this is shaping up.

15) What do you think the future brings for your programs? E.g., the strategic direction?

Strategic direction for PDD is a focus on promoting true inclusion and ordinary lives in the community. Focus is on citizenship, not about programs or being "in care". This requires supporting the development of community capacity. This aligns closely with the literature and work of people such as John McKnight.

16) Is licensing required?

PDD has nothing to do with licensing. As the majority of homes are regular homes in the community versus being "a place of care" and as such do not require licensing. Any traditional facilities would need to meet whatever requirements that are determined by other Alberta ministries.

17) What level of physical / medical care is provided to adults with an intellectual disability, developmental disability or adults with long term mental health disabilities and if their physical care needs increase how it is addressed?

People access what supports they need, based on their unique needs which are subject ot change. PDD works in collaboration with our partners as needed to ensure that the person's needs are met- call in mental health or home care to assist as needed. Focus for PDD is community living, not long term care.

18) What Ministry and Division provide support to Adult Service Centres (day programs in congregate settings to adults with intellectual disabilities)?

While PDD's focus is clearly on community living, however, in Alberta there remains a limited number of direct government operations, for which PDD has responsibility. Such settings reflect an earlier era within Alberta's history for supporting adults with developmental disabilities. They represent less than 10% of the individuals supported by PDD in Alberta.

2.8 *Ontario – Community Living Services for Adults with Disabilities*

Questions

1) Which Ministry provides services to each of the four adult disability categories i.e. developmental disability, intellectual disability, physical disability, pervasive mental illness? 1a) If one Ministry provides services to more than one of the four adult categories, are the services provided by separate divisions?

In Ontario a Developmental disability is defined in the *Developmental Services Act* (DSA), as a condition of mental impairment, present or occurring during a person's formative years, that is associated with limitations in adaptive behaviour.

The Ministry of Community, Family and Children's Services (MCFCS) supports the following disability populations outside of Ontario's Income Assistance / Income Assistance - Employment Program: Adults with a developmental disability, including:

- Individuals with a dual diagnosis (developmentdisa bility and mental health needs)
- Individuals with challenging behaviour needs
- Individuals with complex, multiple and changing needs
- Individuals making the transition from school to other programs
- Adult children of aging parents, and
- Medically fragile and/or technologically dependent individuals

The Ministry of Community, Family and Children's Services (MCFCS) provides services and supports to over 38,000 adults with developmental disabilities and their families primarily through a network of community-based, board operated, non-profit transfer payment agencies.

Services and supports are provided to meet the individual needs of people with developmental disabilities and their families to allow them to live, work and participate in aw ide range of activities within the community, thereby improving the quality of their lives. These services complement and build on the capacity of generic service systems, such as hospitals and schools.

MCFCS directly delivers the Special Services at Home (SSAH), program which focuses on supporting families in caring for a family member within their home.

While the vast majority of people in Ontario with a developmental disability live in the community, the province continues to directly operate three facilities, which provide supervised living and day programs for adults with developmental disabilities. The ministry is committed to the eventual closure of these facilities.

We do not make any distinction between developmental disability and intellectual disability. On pervasive mental illness there is overlap with MOHLTC on dual diagnosis. We have no comment on physical disability.

2) For the Ministry that provides services to adults with an intellectual disability, how is program eligibility determined.

Services are accessible to all citizens with a developmental disability, within available resources. There is one income support service for adults that is the only entitlement program for adults with developmental disabilities - the Ontario Disability Support Program (ODSP).

Special Services At Home Program (SSAH):
Adults with a developmental disability and children with a developmental disability or physical disability are eligible provided they:

- Are residents of Ontario
- Have ongoing functional limitations as a result of a disability
- Require support beyond that which is a normal family responsibility, and
- Are living at home with their families

While all four criteria must be met, it is essential that the developmental and/or physical disability be documented by a physician or psychologist.

2a) Is a financial assessment completed for potentially eligible clients? What is the basis of this assessment?

For SSAH there is no financial assessment. It is universally available.

3) For the Ministry that provides services to adults with an intellectual disability, what is the range of services and supports provided. For residential services, what are the types of residential options and their bed capacity limits.

Services funded by the Ontario MCFCS and delivered through community agencies include:

- in-home and out-of-home respite
- specialized community supports which assist people with developmental disabilities to remain in the community
- community participation supports, which provide people with developmental disabilities, support for both competitive and non-competitive employment opportunities
- community living supports and residential services which include supports to assist individuals to live independently in the community, as well as 24-hour group living situations and associate living (family home) arrangements.

4) How are the services and support requirements identified for individuals? E.g., type of assessment used.

In April 1997, the ministry introduced the *Making Services Work for People* (MSWFP) initiative. Its goal was to set out a new framework for delivering services for children and people with developmental disabilities and to improve these services by making the most of the resources that are available in each community and to allocate resources to those most in need. The focus of MSWFP has been on creating single points of access to services, case resolution mechanisms and information about or referral to services within the community. Local planning groups meet with the Ministry's regional offices to identify priorities for services and supports to be delivered in local communities.

5) What services/supports for adults are provided under the mandate of the department? Are persons waitlisted for support services?

Services funded by MCFCS and delivered through community agencies include:

- in-home and out-of-home respite
- specialized community supports which assist people with developmental disabilities to remain in the community
- community participation supports, which provide people with developmental disabilities, support for both competitive and non-competitive employment opportunities
- community living supports and residential services which include supports to assist individuals to live independently in the community, as well as 24-hour group living situations and associate living (family home) arrangements

6) Do you have pre-determined financial limits to services for adults with disabilities? (Excluding Income Assistance) If not, what are the general maximums for services provided?

There are no pre-determined limits to the support services available to adults with developmental disabilities. The Ministry supports a person-centred approach to planning and the individual's integration into local communities and participation in mainstream community life. Supports are focussed on the unique needs of the individual. Resources are distributed to those most in need and attempt to serve a wide range of individuals within available resources.

7) How are supports/services funded? E.g., Individualized? grants? per diems? Other? What's in place to govern funding for services to persons with disabilities? E.g., In Nova Scotia we are considering individual or agency service agreements.

Service Agreements with Developmental Services Transfer Payment Agencies.

8) Does your jurisdiction provide a personal use allowance or comfort allowance (that is additional dollars for personal use on consumer items) for persons living in congregate / residential / per diem based residential centres? If so, what is the monthly dollar amount?

The Ontario Disability Support Program (ODSP), within the Ministry of Community, Family, and Children's Services, provides a Personal Needs Allowance to recipients/dependents who reside in congregate / residential / per diem based centres. These institutions are outlined in the OSDP regulations, and can be accessed at: http://www.cfcs.gov.on.ca/NR/MCFCS/ODSP/ISDIR/en/8_1.pdf

The Personal Needs Allowance is $112 for each member of the benefit unit residing in an institution.

9) What are the primary features of your service delivery programs for person with disabilities? E.g., Single entry access, team based assessment, multi-disciplinary. Other approaches?

Service delivery programs are predicated on the following principles:

- integration into local communities and participation in mainstream community life;
- independence (supports that encourage greater independence for the individual and promote relationships with families and friends);
- supports that are focussed on the unique needs of the individual;
- quality of life; and
- appropriate safeguards.

The service delivery system is based on:

- fewer access points where families and individuals have help to gain access to services that are most appropriate to respond to their needs;
- coordinated information where families and individuals can find out easily what services are available from one source;
- case resolution where those who need help the most receive essential supports first; and
- single point of access for some residential services and supports.

10) Is a medical report required for eligibility?

For SSAH, developmental and/or physical disability must be documented by a physician or psychologist.

Generally, individuals making application to the ODSP are required to have a Disability Determination Package completed by a prescribed health care professional. The package is used to collect disability information. It consists of a health status report, activities of daily living index form and a self-report form.

The health status report form is intended to provide information regarding the applicant's condition and its expected duration. It can be completed by physicians, optometrists, psychologists and registered nurses in the extended class. The activities of daily living index form is intended to provide information regarding the applicant's ability to function in the areas of personal care, community and workplace. In addition to the above professionals, an occupational therapist, physiotherapist, chiropractor or audiologist can also complete the form. The final form is the self report form. An applicant or his/her trustee may fill out the self report form. This form is a supplement to the Ontario Disability Support Program application and is not mandatory.

Some applicants may qualify for the program as members of a "prescribed class" if they are financially eligible. Members of a "prescribed class" are those applicants who do not require medical adjudication. Prescribed classes include:

- people in receipt of disability benefits under the Canada Pension Plan;
- people who are 65 years old and not eligible for Old Age Security;
- people who reside in a psychiatric hospital, a Schedule I facility under the *Developmental Services Act* or in a home under the *Homes for Special Care Act;* and,
- people who were receiving Family Benefits and were grandparented into the Ontario Disability Support Program when the Act was proclaimed on June 1, 1998.

11) Do you have a written policy, standards of delivery document? (Excluding Income Assistance) Can this be shared?

Making Services Work for People (MFSWP) and the Individual Support Agreement (ISA) are available and can be forwarded electronically.

12) Do you have standardized case or service provider evaluation processes? Can this be shared?

Some developmental services agencies are being accredited on a voluntary basis through Accreditation Ontario or other organizations.

13) Do you have a process for continuous improvement, accountability for quality services / results for both staff and service providers?

The ministry has instituted changes to enhance accountability and maintain the quality of services received by people with developmental disabilities. In addition to the regulatory changes to the *Development Services Act* and *the Child and Family Services Act*, regarding the use of physical restraints for vulnerable children and adults with developmental disabilities in residential settings, these measures include:

- changes to serious occurrence reporting procedures, the developmental services checklist and service contracts reflecting requirements for the use of physical restraints and small water works;
- on-site visits conducted by ministry staff within a set period of time; and
- strengthening the role of agency boards of directors.
- service contracts between ministry regional offices and individual agencies establish and monitor accountability. These contracts outline the ministry's funding and financial reporting requirements, program deliverables, service volumes, legislative standards, and safety requirements and expectations regarding the agency's role in service system coordination.

14) What efforts are underway in regard to sustainability of programs?

In 2001, the Ontario government announced a multi-year plan for developmental services that will provide $197 million by 2006-2007 to enhance services and supports for people with developmental disabilities and their families and to attract more quality caregivers. An additional $67 million will be invested over five years to build new places to live in the community. The Government of Ontario has committed more than $1 billion to the developmental services sector in 2003/04.

15) What do you think the future brings for your programs? E.g., the strategic direction?

As we have a new government in place, the strategic directions and policies will be determined by them.

16) Is licensing required?

Under out legislation (DSA), there is no requirement for the licensing of adult group homes.

17) What level of physical / medical care is provided to adults with an intellectual disability, developmental disability or adults with long term mental health disabilities and if their physical care needs increase how it is addressed?

There is some cross-sector collaboration between MCSS and MOHLTC.

18) What Ministry and Division provide support to Adult Service Centres (day programs in congregate settings to adults with intellectual disabilities)?

MCSS funds transfer payment agencies, which then provide these day programs.

3. Appendix A – Comparative Jurisdictional Summary

1) Which Ministry provides services to each of the four adult disability categories?
1a) If one Ministry provides services to more than one of the four adult categories, are the services provided by separate divisions. **PD – physical disability, ID – intellectual disability, DD – development disability, MH – mental health**

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
PD - Ministry of Health Services. **ID** – Ministry for Children & Family Development- Adult Community Living Services- (To be transferred to a provincial Community Living Authority 2003/2004). **DD** – No Ministry responsible unless there is also an intellectual, physical or mental health disability. **MH** - Ministry of Health, Mental Health / Addiction.	**PD** – Ministry of Human Resource & Employment. **ID** - Ministry for Community Development, thru a community governance structure –Persons with Disabilities - arms length legislated authority. **DD** – Ministry of Community Development. **MH** – Ministry of Health & Wellness.	**PD** – Dept. of Community Resources & Employment- Residential, thru Health Districts and & income thru Dept. **ID** – Dept. of Community Resources & Employment – Community Living Division **DD** – Dept. Community Resources & Employment - Community Living Division. **MH** – Ministry of Health, thru Regional Health Authorities, Adult Community Services Program & Community Care program.	**PD** –Dept. of Health. **ID** – Dept. of Family Services & Housing, Supported Housing Program **DD** – Dept. of Family Services & Housing, Supported Housing Program **MH** – Dept. of Health via Regional Health Authorities.	**PD** - Ministry of Community Family & Children's Services - income Support 0ntario Disability Program. **ID** - Ministry of Community Family & Children's Services, Special Services at Home, income support- Ontario Disability Program. **DD** - Ministry of Community Family & Children's Services, Special Services at Home, income Support- Ontario Disability Program. **MH** - Ministry of Health.	**PD** - Ministry of Health & Social Services, Social Policy- Disability Support Program & Health Policy – Community Care. **ID** - Health & Social Services, Social Policy- Disability Support Program. **DD** - Health & Social Services, Social Policy- Disability Support Program. **MH** - Health & Social Services, Social Policy- Disability Support Program & Community Mental Health.	**PD** - Family & Community Services, Long Term Care & Income assistance. **ID** -Family & Community, Long Term Care. **DD** - Family & Community Services, Long Term Care & Income assistance. **MH** - Family & Community Services, Long Term Care & Income Assistance & Dept. of Health and Wellness. All categories - Service delivery to client integrated at the regional level.	**PD** - Dept. of Community Services, Community Supports for Adults **ID** – Dept. of Community Services, Community Supports for Adults **DD** – Dept. of Community Services, Community Supports for Adults **MH** –Dept. of Community Services, Community Supports for Adults.	**PD** - Ministry of Health & Community Services – Program Development Division. **ID** - Ministry of Health &Community Services – Program Development Division. **DD** -Ministry of Health & Community Services – Program Development Division. **MH** - Ministry of Health & Community Services – Program Development Division.

2) For the Ministry that provides services to adults with an intellectual disability, how is program eligibility determined?
2a) Is a financial assessment completed for potentially eligible clients? What is the basis of this assessment?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
2) Onset before 18 years of age. Measured significant limitations in two or more adaptive skill areas; and measured intellectual function of approximately 70 IQ or below. 2a) Individuals who receive residential services are assessed to determine there Financial eligibility for services. Most receive Persons with Disabilities Benefits. No financial eligibility for Training & Support/day program services.	2) 18 years of age, living in Alberta, developmental disability (significantly below average intellectual capacity –no hard & fast IQ, onset before age 18, limitations in 2 or more adaptive skills related to life functioning. 2a) Separation of income supports from personal supports. PDD supported individuals do not need to undergo an income test, nor contribute to the costs of supports provided.	2) Intellectual disability with an IQ of 70 +/- 5 pts. Other population definitions are based on general medical terminology. 2a) Financial support for people with intellectual & dev disabilities are provided by Income security under Community Resources and Employment. Workers complete standardized financial assessments including assets, liability, # of dependents etc	The Supported Living Program is a discretionary program. Availability of the service to an eligible person is contingent on the urgency of the need & the availability of funding. Eligibility criteria: onset of mental disability prior to age 18, IQ score not to exceed 70 (consideration of a IQ score of 70-75, if error of test score a possibility) & that the IQ co-exist with impaired adaptive behaviour. 2a) Eligibility for income assistance subject to a means test. No means test. for the Supported Living program.	2) Services are accessible to all citizens with development disabilities, within available resources. For Special Services At Home Program: Resident of Ontario, have ongoing functional limitations- result of a disability, require support beyond that of normal family responsibility, living at home with family. Developmental &/or physical disability documented by a physician or psychologist. 2a) One income support service for adults: Ontario Disability Support Program.	2) As per Disability Support Program policy: under 64 years, resident of PEI, ongoing Functional limitations as result of a disability that substantially limits capacity to carry out activities of living necessary to acquire independence & well-being. 2a) income test determines amount of client contribution to supports. Supports are based on need and not on entitlement.	2) Comprehensive assessment is done by a trained professional (usually a social worker or a nurse) working for: Family and Community Services (long term care), Health and Wellness (extra mural program), Health and Wellness (Mental Health Services). 2a) The applicant's financial condition is not a determinant of eligibility to support. A financial assessment is done to determine the amount the client/Depart. Will pay.	2) Medical diagnosis and a social service assessment are the basis for program eligibility determination. 2a) A financial assessment is completed to determine amount client pays and amount Department pays. Monthly income must be less than support costs; personal savings can be no greater than $3,000.	2) For Co-operative Apartment Program (most restrictive residential program): Have developmental disability, be older than 18 years of age, require extensive supervision/ attendant care and/or behaviour management & cannot be supported in less Restrictive residential options. Most other programs considered on individual compatibility basis. 2a) There is a financial assessment for Supportive service assessed under the Enriched Needs Program. Residential program is not based on financial eligibility but the amount of money the individual would have to contribute to the cost is determined through this method.

3) For the Ministry that provides services to adults with an intellectual disability, what is the range of services and supports provided? For residential services, what are the types of residential options and their bed limits?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
The current adult community living area provides residential and day programming support to adults with developmental disabilities. No official bed limit but there are very few resources (estimate less than 3%) over 6 beds. Training & support programs (day programs) include skill development, supported work, home support & professional support.	Full range of supports from independent living, supervised apartments, paid roommates, 24/7 services (community & institutions) to totally independent options. Over 90% of individuals reside in the community. Telephone survey: One large institution -375 beds. Other smaller residences of approximately 45 beds.	People with an intellectual disability are offered residential and vocational support based on their needs. Residential Greatest needs-group homes with max. 7 beds, most new homes have 3-4 residents. Lesser needs use Approved Private Service Homes (foster home model). Vocational services range from considerable supports using 4:1 staffing model to 12-1 staffing in a sheltered workshop model.	Residential services, day services, respite & related services. Residential: Family home, independent living with supports, self-management through "In Company of Friends", residential care facilities - foster homes, private & agency managed facilities. Additional supports may consist of transportation between residential & day programs, & crisis intervention. Via Telephone Survey response: Manitoba developmental Centre – approx. 400 beds, community residences 4-10 people.	Services are accessible to all citizens, within available resources. Income support service thru the Ontario Disability Support Program. The vast majority of people with dev disabilities live in the community. The province delivers the Special Services At Home Program, which focuses on supporting families in caring for a family member within their home. The province directly operates 3 facilities, which provide supervised living & day programs. The Ministry is committed to the eventual closure of these facilities.	Respite; community living supports including personal care, household services or supervision supports; community participation supports; specialized supports; technical aids & assistive devices; & modifications.	Services under the Long Term Care Program include home & community support services and residential services. The cost ceiling for home support services is $2,040 month. Community residences (6-8 beds) support adults under 65 requiring a high level of care &/or supervision but not requiring regular nursing care supervision. The majority has deficits due to: Physical disability, brain injury, intellectual deficiency or cognitive impairment. Special care homes. 1-50 Beds.	Department of Community Services: Community Based Options limited to 3: Community Residences, supervised apartments, small options. No official bed limit for licensed homes. Bed numbers in licensed homes: Regional Rehabilitation Centres (RRC), Adult Residential Centres (ARC) – largest RRC/ARC –187 beds. Residential Care Facilities up to 38 beds, Group Homes & developmental residences (approximately 9 beds).	Range of Services: Community Behavioral services, Flat Rate Allowance, Home support Funding, Program Funding, Prescription Drug Program, Special Assistance Program. Residential: Cooperative Apartments, Alternate Family Care Homes, Individualized Living Arrangements* *24hr funding is no longer offered/approved as service option. Special Needs Board & Lodging.

4) For the Ministry that provides services to adults with an intellectual disability, how is program eligibility determined?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
A personal Service Planning process is used by ministry staff in providing services to individuals with a developmental disability. The assessment process includes information from diagnostic tests (IQ and Adaptive skills tests like the Vineland conducted by a registered psychologist), discussion with family & friends of the individual. There is also a functional assessment form but is not consistently used.	Use Principles for Determining Individual Support Needs. Key message – individuals and families know best what kinds of supports they need to promote community inclusion. PDD does not support the use of standardized assessment tools to determine needs.	Residentially the supports are identified through the completion of the Daily Living Support Assessment (DLSA). The assessment score indicates the level of support & the funding, which is to be paid for the service. Annually a Personal centered plan is completed with every client to identify goals and interests of the client.	Interview process with individual & family/ support circle, various psych. testing, refinement of activity based on experience with individual & outcomes.	In April 1997 the ministry introduced the Making Services Work for People (MSWFP) initiative. The focus of MSWFP has been on creating single points of access to services, case resolution mechanisms and information about or referral to services within the community.	Disability Support Program Screening Tool.	A trained professional, usually a social worker or nurse completes a comprehensive assessment. The same process is used for adults with physical disabilities, developmental disabilities or mental illnesses. The assessment identifies the applicant's unmet needs in the area of activities of daily living, instruments of daily living and cognitive capabilities.	Medical report completed by a physician and social service assessment completed by a department care coordinator. The care coordinator will also gather applicable collateral reports. A registered nurse reviews this information and provides a classification decision in terms of the applicant's level of care using predetermined categories.	The single entry continuing care assessment tool is used for persons with physical disabilities in some areas; the old FRS Home Support Assessment Tool is used for persons with intellectual disabilities in most regions. One region has modified the FRS Assessment Tool. These are used primarily for accessing home support funding.

5) What services/supports for adults are provided under the mandate of the department? Are persons waitlisted for support services?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Residential Programs provide housing that promotes clients' independence while meeting their individual needs. Community residences Semi-independent living, Respite / relief Intensive adult care, Training and support programs: Self-help skills, Home support Supported Work Programs, Professional support services. Waitlists in most areas.	Full range of supports from independent living, supervised apartments, paid roommates, 24/7 services (community & institutions) to small options. No wait lists. Wait lists eliminated in late 1980's when focus moved to an individualized approach.	Residential: Group homes & Approved Private Service Homes (foster home model). Vocational: developmental programs, activity programs such as light assembly, cottage industry employment; supported work & sheltered workshop models. Individuals may be wait listed for the group homes and the APSHs. Waitlists vary from community to community, based on need and community demand. Most vocational programs are grant funded for # of spaces as a result there is typically a waiting list in most programs.	Wait lists are maintained for both residential placement & day services. Prioritization according to identified urgency occurs.	In-home and out of home respite, Specialized community supports, which assist people with dev. Disabilities to remain in the community, Community participation supports, Support for both competitive and non-competitive employment, Community living supports and residential services, which include supports to assist individuals to live independently, 24 hour group living & associate living (family home arrangements).	Residential services and comprehensive supports and services are provided. Clients are occasionally wait listed for residential services. Other supports are not wait listed.	Services under the Long Term Care Program include home & community support services and residential services. Community residences support adults under 65 requiring a high level of care &/or supervision but not requiring regular nursing care supervision. Special care homes.	Provides Residential & Day Program supports only. Residential Supports: Supervised Apartments, Community Residences (adult foster homes), Small Options, Group Homes, Developmental Residences, Residential Care Facilities, Adult Residential Centres, Regional Rehabilitation Centres. Day Programs are provided thru Adult Service Centres. Waitlists are maintained for both Residential & Day Programs.	Community Behavioral Services, Flat Rate Allowance, Home Support Funding, Program Funding, Prescription Drug Program, Special Assistance Program. Cooperative Apartments, Alternate Family Care Homes, Special Needs Board & Lodging Individuals are waitlisted for home supports. No waitlists for residential services. Limited admission into co-operative apartments at present.

6) Do you have pre-determined financial limits to services for adults with disabilities? (Excluding Income Assistance) If not, what are the general maximums for services provided?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Great deal of variation in the cost. Residential services might be as costly as ply $250,000 for one individual for a year, and as little as $15,000 per year. Average cost for residential is in the order of $68,000 per year. Average cost for training and support is $15,000 per year.	No pre-determined limits or guidelines based on the unique circumstances of each individual, within context of community resources available. Use of generic natural & community resources is encouraged, with PDD being one of many resources available.	There is not a funding maximum.	Day program – Regular rate = $24.37. Special rate = up to $61.20. Residential rates Approx. average per diem of $200.00. Special approval required over this rate.	There are no pre-determined limits to the support services available to adults with developmental disabilities. Resources are distributed to those most in need and attempt to serve a wide range of individuals within available resources.	Yes, there are pre-determined limits for persons who are eligible for the Disability Support Program.	Home support and community services, the cost ceiling are $2,040 month. Residential services Level 1 - $36 a day -Special Care Home (SCH) Level 2 - $68 a day (SCH) Level 3 - $105 a day (if the client requires regular nursing care supervision) Level 4 - $134 a day (community residence, or nursing home if the client requires regular nursing care supervision)	Few pre-determined limits other than no 24/7 one-on-one staffed options approved. Costs as high as $238,000 per client / per year. Average new small option $100,000 per client / per year. Average supervised apartment $16,000 per client / per year.	Home support services - Ceiling limit of $3,875 per month. Flat rate allowance is $125 per month. Alternate family care rates are up to $1,038, however, exceptions have been approved.

7) How are supports/services funded? E.g., Individualized? grants? per diems? Other? What's in place to govern funding for services to persons with disabilities?
E.g., In Nova Scotia we are considering individual or agency service agreements.

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Contractual arrangement with community service providers. Looking to introduce a broader range of funding options, including Individualized and direct funding.	Combination of individual & agency service agreements governs funding for services to persons with disabilities in Alberta. Moving to all costs being identified at the individual basis. Looking at agency overhead separately. See website: www.pdd.org. Go to Provincial Board & what's New. Funding Review Update is the first item.	Grants are provided to residential services and workshops programs. Service contracts are used with service providers, renewed annually. Contracts include outcome evaluation process.	Individualized funding is the norm, though some specialized service providers are funded, in whole or part, using block grant funding. "Service Purchase Agreement" in place.	Service Agreements with developmental Services Transfer Payment Agencies.	Individualized funding is used. Service agreements to non-governmental service providers are being reviewed.	Home support services by approved home support agencies at $11.25 per hour or by private homemakers (selected by client) at or slightly above minimum wage. The service providers send invoices to the Depart. for the portion of cost paid by the Province. Self-Management is used on a limited # of cases. Client pays for residential service directly to the operator Department issue monthly cheques for subsidized clients. Per Diem based.	Per diems & Individualized funding. Some grants. No formal service agreements in place.	Service agreements are used with residential boards (Cooperative Apartment Program) that receive annual budgets - paid quarterly. When individuals are approved for funding to hire their own home support workers, there is a requirement for a service funding agreement. This policy is currently being revised and is in draft form for approval in the near future.

8) Does your jurisdiction provide a personal use allowance or comfort allowance (that is additional dollars for personal use on consumer items) for persons living in congregate / residential / per diem based residential centres? If so, what is the monthly dollar amount?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Persons with Disabilities benefits monthly amount is $786 After paying a user fee of $21.50 per day what is left over is their discretionary income (i.e. in a 30 day month remaining discretionary client income is $141.00).	In Alberta Persons with Disabilities (PDD) does not address income related matters. 90% of individuals supported by PDD receive monthly living allowance from the Assured Income for the Severely Handicapped. Individuals who reside in govt. run congregate care facilities do get a comfort allowance.	There are personal funds via income assistance, which is a base entitlement. Individuals, who live in group homes or approved private service homes, receive a personal comforts allowance of $85 per month.	Through income assistance, individuals receive disability related support of $80.00. Individuals who live in per diem rate community residences also receive basic needs for purchase of clothing& personal needs at $136. 00.	The Ontario Disability Support Program (ODSP) provides a Personal Needs Allowance to recipients / dependents who reside in congregate / residential / per diem based centres. The Personal Needs Allowance is $112 for each member of the benefit unit residing in an institution.	Yes, $55/month This is only available to individuals receiving financial assistance and not receiving supports thru the Disability Support Program.	Homes for Special Care Community Residences - $110 per month (included in the per diem rates).	$90 to $105 per month.	Alternate Family Care Homes/Board & lodging arrangement/individualized living arrangements may receive up to $125/month as a personal allowance.

9) What are the primary features of your service delivery programs for person with disabilities? E.g., Single entry access, team based assessment, multi-disciplinary. Other approaches?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Programs are accessed through local Services of Community Living offices. Social workers in these offices work with individuals, parents, caregivers and other professional to develop and support individual plans for people with developmental disabilities. Personal service planning process is a team effort.	Community consultations have told us that individuals and families want multiple access points, without a reliance on multidisciplinary assessment processes. Use Principles for Determining Individual Support Needs versus assessment Guidelines.	Individuals apply to programs in their community. These community programs are typically owned, operated and delivered by a community agency.	The Department is working toward an integrated service delivery model which will be a multi-disciplinary approach to service delivery. In Winnipeg, the Department is working towards a single entry access with the Winnipeg Regional Health Authority.	Integration into local communities & participation into mainstream community life; Independence (supports that encourage greater independence & promote relationships with families and friends); Supports that are focused on the unique needs of the individual; Quality of life; Appropriate safeguards; single point access.	Person-centred planning; Single intake; Individualized funding; Inclusive support planning conference approach.	Single entry access - 3 partners Dept of Family and Community Services (Long Term Care Program), DOH and Wellness (Extra Mural Program), DOH and Wellness (Mental Health Services). Complimentary supplementary assessments are done when indicated. Cases assessed as requiring level 3 or 4 care services in a residential facility presented to a panel. Panel confirms the appropriateness of the assessment and service plan.	Individual assessment; Case conference approach; Service provider consults.	Regional Board staff complete individual assessments. Referral is made to appropriate "placement".

10) Is a medical report required for eligibility?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Physician reports may form part of the documentation. More critical are the intellectual & adaptive skill assessments by Registered psychologists. The functional assessment, when used, is completed by ministry staff.	No. By the time individuals reach adulthood, they have experienced assessments in childhood & the fact of their disability is clear. If not, a variety of professional resources could be called upon to determine the type of support needs and if this links to a developmental disability.	Medical is required for most agency application. Community Living Division requires some form of assessment, which identifies the applicants cognitive functioning.	Medical reports not required.	Yes. For Special Services At Home, a physician or psychologist must document developmental and/or physical disability. Individuals making application to the Ontario Disability Support Program must have disability determination package completed by a health care professional - physician, optometrist, psychologist & RN's. An occupational therapist, physiotherapist, chiropractor or audiologist can also complete the form.	Not normally.	Yes, it is part of the assessment process.	Yes, it is part of the assessment & classification process.	No.

11) Do you have a written policy, standards of delivery document? (Excluding Income Assistance) Can this be shared?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
The interim authority is developing policy for the permanent authority for when it takes over responsibility for Community Living services. Flexible individualized funding policy is being worked on. Residential service standards that are also being updated. Will share / exchange.	Yes. Provincial Board, Program Frameworks, Community Inclusion Supports Framework.	Written policies are in place, agencies are expected to maintain current policy manual. Based on outcome measures, standard scheduled reviews. Will share / exchange.	Yes. Adult Services Policy Manual. Manitoba has shared this manual with Nova Scotia.	Making Services Work for People (MSWFP) and the individual support agreement (ISA) are available and can be forwarded electronically.	Yes. Forwarded PEI Disability Support Program Policy.	Written standards for home support services, day activity agencies and adult residential facilities are in place.	Yes. Will share / exchange.	Policies are not up to date since the programs moved to the Department of Health and Community Services. Old policies can be shared but may not reflect the current practice accurately.

12) Do you have standardized case or service provider evaluation processes? Can this be shared?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Service contracts incorporate evaluation. Accreditation is also in place for large service providers. Will share.	No. Have consciously stayed very far away from a standardized evaluation process, preferring to individualize to be responsive to the unique needs of the individual.	Service contracts incorporate evaluation. Saskatchewan Basic Standards document, which reviews agency policies every two years. Will share.	No standardized evaluation process for program delivery system. Residential Care licensing is in place to ensure standards are met for persons residing in placements supported by Supportive Living, Mental Health and/or Age & Infirm programming.	Some developmental services agencies are being accredited on a voluntary basis through Accreditation Ontario or other organizations.	Disability support program formative evaluation and telephone survey report. Draft self - assessment and accountability framework for non-governmental service providers.	Adult residential facilities are inspected and monitored regularly. Annual certificates of approval are issued. Incidents or complaints are investigated. There is less control over home support agencies and private homemakers - Incidents or complaints are investigated.	Licensing standards for the protection of the health and safety of residents are in place in all Homes for Special Care. Incidents or complaints are reviewed. Will share.	No.

13) Do you have a process for continuous improvement, accountability for quality services / results for both staff and service providers?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Interim authority is developing quality assurance mechanisms to be in place when the transfer of responsibility for Community Living services takes place. Service contracts incorporate evaluation. Accreditation is in place for large agencies. Will share.	Growing emphasis on accountability measures and outcomes. All service providers must meet Creating Excellence Together Standards every three years Adherence to Abuse Reporting and Investigation Protocol. Contractual agreements, with accountability clauses in place. Individual, family and staff satisfaction surveys. Stakeholders involved in policy development & review.	Service contracts incorporate evaluation. Will share.	Quality assurances are being explored at both the level of the department as well as individual programs.	Ministry has instituted several changes to enhance accountability & maintain the quality of services: regulatory changes to the Development Services Act and the Child & Family Services Act re: use of physical restraints for vulnerable children, changes to serious occurrence reporting procedures, On-site visits by ministry staff, service contracts between regional offices & individual agencies.	An evaluation process is in place. Other program areas being reviewed.	No. However, a new approach is being developed to evaluate the quality of services provided in adult residential facilities.	No. Part of CSA Renewal Project work.	Review in progress. Implementing several performance improvements Service agreements, outcome based.

14) What efforts are underway in regard to sustainability of programs?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Taking steps to improve process efficiencies. In 2003-04, the Ministry will transfer authority and responsibility to a provincial authority. The authority will direct operations, enforce standards & manage funds & services. Govt. retains responsibility for funding, performance agreements, monitoring & assessing accountabilities of authority.	Much attention has been paid to sustainability, looking at the literature, experience and what we have been told through consultation.	Not clear. Assume incremental growth.	Ensuring the quality of existing programs is a priority. Ongoing monitoring & compliance activity. The Department has undertaken Phase Three of a Staffing Stabilization Initiative. Departmental initiatives are also planned to facilitate a standardized training & certification for residential & day program staff.	In 2001, the Ontario government announced a multi-year plan for developmental services that will provide $197 million by 2006-07 to enhance services and supports for people with developmental disabilities and their families and to attract more quality caregivers. An additional $67 million will be invested over five years to build new places to live in the community. Gov. committed $1 billion+ to sector in 2003-04.	Continued evaluation and review timetables are in place.	In 2000 a decision was made to separate services to adults with disabilities from the Long Term Care Program. A Working Group was formed to make recommendations for a new Disability Framework, with the directive that services under the new program will have to be provided under the currently allocated financial resources.	Department of Community Services Community Supports for Adults Renewal Project to develop a renewed program model has been underway since the Fall of 2002. Annual Departmental Business Planning processes in place.	To be reviewed with the Department's long-term care and supportive services strategy currently in process.

15) What do you think the future brings for your programs? E.g., the strategic direction?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Focus on supports & incentives in order to maintain as many adults with dev. Disabilities as possible to remain in their families' home or semi independently in their communities. Building family and community capacity. A range of funding options, including individualized and direct funding is being developed.	Strategic direction of PDD is a focus on true inclusion & ordinary lives in the community. Focus on citizenship, not about programs or being in "care". This requires supporting the developing community capacity.	Budget pressures mounting. Children who are moving to adult programs are increasing pressures. It is anticipated there will be greater pressure on communities to effectively respond to the needs of their community members.	Ongoing realization of quality programming, which promotes choice & community integration in an appropriately supported environment. It is expected that there will be the ongoing expectation to address increasing demands for service in an environment of resource restraints. Integrated service delivery is also a big strategic direction.	New government in place. Strategic direction & policies to be developed by this government.	More independent living and small congregate settings in the future. Increase in documented processes, accountability.	The Disability Framework Working Group submitted its report in Fall 2002. The Government Response to the Report was released in early September 2003. Two pilot sites will be established to test some new approaches in the report. More Information: http://www.gnb.ca/cnb/Promos/Disability/index-e.asp	Trend is towards quality service provision.	Improved administration of programs. More choice for consumers.

16) Is licensing required?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Community residential facilities with three or more residents are licensed for health & safety reasons.	PDD does not license homes. The majority of homes are regular homes in the community versus being a "place of care" as a do not require licensing. Traditional facilities need to meet the requirements determined by other Ministries.	Group Homes and Approved Private Service Homes are licensed under Residential Services Act.	Residential care facilities with greater than 3 adults or more are licensed. Residential care facilities with 3 or less receive a Letter of Approval. All Residential care facilities fall under the Residential Care Facilities Licensing Regulation.	There is no requirement for licensing adult group homes.	Community care facilities (5 or more residents) are licensed Adult foster care homes are not licensed or regulated.	Yes. All adult residential facilities must be approved before providing personal care services.	Special Care Homes with occupancy of greater than 3 persons are licensed.	None of the residential programs for persons with disabilities are licensed Alternate family care homes are approved following the process that is in place to approve/license foster homes Cooperative apartments and alternate family care homes must be approved for fire and life safety under Government Services Centre inspection.

17) What level of physical / medical care is provided to adults with an intellectual disability, developmental disability or adults with long term mental health disabilities and if their physical care needs increase how it is addressed?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
Possible joint cost sharing agreements with Health for MCFD clients who have significant health needs. A Health Services for Community Living Program provided thru Health & a consulting physician specializing in adults with dev. Disabilities. Negotiation with health would take place re: what needs to be provided and how it would be paid for.	People access what supports they need, based on their unique needs, which are subject to change. PDD works in collaboration with our partners as needed to ensure that the person's needs are met – call in mental health or home care as needed.	Group Homes & Approved Private Service Homes do not provide health care services unless trained to do so. If the care required by the individual client cannot be met in the community, a referral is made to the appropriate community health resource.	Care is provided via the established system, mainstream community & hospital systems. For individuals who reside in an institutional environment (a minority of Supportive Living participants), a basis medical infrastructure is part of the facilities resource base.	There is some cross- sector collaboration between the MCSS and MOHLTC.	Individualized support plans are in place that are reviewed at least annually.	Clients at home or in adult residential facilities (except nursing homes) have access to the same medical services as other New Brunswickers. A Health Card is provided to those receiving financial assistance from the Department of Family & Community Services.	RN support / physical care is provided in Adult Residential Centres & Regional Rehabilitation Centres. Physical care and limited RN support provided in some community-based options.	Levels of care are not formally applied.

18) What Ministry and Division provide support to Adult Service Centres (day programs in congregate settings to adults with intellectual disabilities)?

BC	Alberta	Saskatchewan	Manitoba	Ontario	PEI	New Brunswick	Nova Scotia	Newfoundland
The Ministry of Children and Family Development no operates Achievement Centres, but does support group self-help skills programs.	While PDD 's focus is clearly on community living, in Alberta, there remains a limited # of direct govt. operations, for which PDD has responsibility. Less than 10% of individuals supported by PDD.	The Department of Community Resources and Employment- Community Living Division.	Manitoba Family Services & Housing. The Divisions involved are: Community Service Delivery & Services to Persons with Disabilities Division	MCSS funds transfer payment agencies, which then provide these day programs.	The Department of Health and Social Services – Social Policy Development Division.	The Department of Family and Community Services, under the Long Term Care Program, has contractual arrangements with 28 ADAPT agencies, providing day programs to approximately 900 Long Term Care clients.	The Department of Community Services - Community Supports for Adults Division.	No formal Day Programs funded for adults with intellectual disabilities

4. Appendix B - Glossary of Terms[1]

Developmental Disability: Refers to a disorder characterized by substantial impairment in several key areasof development: i.e., social interaction, communication, behavioural presentation. These disorders include: Autism, Attention Deficit Disorder, conduct disorders, Appositional Deficit Disorder.

Intellectual Disability: Refers to a significantly lower-than-average intellectual functioning that is accompanied by limitations in adaptive functioning in at least two skills of life domains, such as: communication, self care, social/interpersonal, use of community resources, mobility, functional academic skills, behavioural presentation. There are four degrees of severity:

- Mild IQ - 50 to 70
- Moderate IQ - 39 to 55
- Severe IQ - 20 to 40
- Profound IQ - 20 to 25

Note – The following changes have been made in terminology since the jurisdictional survey questions were sent across Canada:

Pervasive Mental Illness replaced by Long Term Mental Illness.

Long term Mental Illness: Refers to a persistent alteration in a person's thinking, feeling or behaviour which creates difficulties in functioning normally, socially or at leisure; examples include schizophrenia, chronic mood disorders.

The definition of Physical Disability has been refined:

Physical Disability: Refers to a significant ongoing physical limitation that substantially limits independence, requiring ongoing supervision, support and/or skills development but not nursing care.

[1] Definition Resources Include: Diagnostic and Statistical Manual IV; Planning to Have a Life; Individualized Planning; International Institute of Applied Behavioural Analysis; Understanding Chronic Mental Illness; Empowering Health Care Providers, 2003.

5. Appendix C - Jurisdictional Review Provincial Contacts

ALBERTA

Susan Dunnigan
Policy Analyst
Ministry of Community Development
Persons with Developmental Disabilities
Phone: 780-427-1219
Susan.dunnigan@gov.ab.ca

BRITISH COLUMBIA

Shannon L. Bradley
Policy Consultant
Children and Youth with Special Needs and
Provincial Autism Initiatives Branch
Ministry of Children and Family Development
PO Box 9719 STN PROV GOVT
Victoria, BC V8W 9S1
Phone: 250-952-6022 / Fax: 250-356-7878
Shannon.Bradley@gems2.gov.bc.ca

Fran Pardee
Program Consultant
Children with Special Needs and Adult Community Living Branch (XLL)
Ministry for Children and Family Development
PO Box 9719 STN PROV GOVT
Victoria BC, V8W 9S1
Phone: (250) 952-6022 Fax: (250) 356-7878
(3rd Floor, 737 Courtney Street, Victoria)
Fran.Pardee@gems3.gov.bc.ca

MANITOBA

Terry Masse
Director of Supported Living
Services for Person's with Disabilities Division
Department of Family Services & Housing
305-114 Garry Street
Winnipeg, Manitoba R3C 4V7
Phone: 204-945-8676 / Fax: 204-945-65668
tmasse@gov.mb.ca

Kathy Wightman
Program Manager
Community Services Delivery
Rural & Northern Services, Central Region
Family Services & Housing,
25 Tupper Street North,
Portage la Prairie, Manitoba R1N 3K1
Phone: (204) 239-3137 / Fax: (204) 239-3148
kwrightman@gov.mb.ca

NEW BRUNSWICK

Rosanna C. Stafford
Policy Analyst
New Brunswick Policy and Federal/ Provincial Relations
Family and Community Services - Room #4029
Phone: (506) 444-3549
rosanna.stafford@gnb.ca

NEWFOUNDLAND

Una Tucker
Department of Health & Community Services
Province of Newfoundland & Labrabor
Phone: (709) 729-5143.
UTucker@gov.nl.ca

ONTARIO

Carol Latimer
Senior Policy Analyst
Intergovernmental Affairs Unit
Corporate Policy and Intergovernmental Affairs Branch
Ministry of Community, Family and Children's Services
Government of Ontario
Phone: (416) 325-5415
Fax: (416) 325-5397
Carol.latimer@css.gov.on.ca

Jason Chee-Hing
Senior Policy Advisor
Developmental Services Branch
Ontario Ministry of Community, Family & Children's Services
Phone: (416) 327-4968 / Fax: (416) 325-5554
Jason.chee-hing@css.gov.on.ca

Christie Aylan-Parker
Ontario Disability Support Program
Ministry of Community, Family Children's and Services
Government of Ontario
Phone: (416) 326-4296
Christiealyan-parker@css.gov.on.ca

PRINCE EDWARD ISLAND

Brian Bertelsen
Coordinator, Disability Supports
Prince Edward Island Department of Health & Social Services
Phone: (902) 368-6530 /Fax: (902) 368-6156
bdbertelsen@ihis.org

SASKATCHEWAN

Alan Jones, Area Service Manager
Department of Community Resources and Employment
Box 3003
Prince Albert, Saskatchewan
S6V 6G1
ajones@dcre.gov.sk.ca

Alma Newman
Senior Consultant, Adult Care
Community Living Division
Saskatchewan Community Resources & Employment
8th Floor, McIntosh Mall
800 Central Ave. (Box 3003)
Prince Albert, Saskatchewan
S6V 6G1
Phone: 306-953-2644 / Fax: 306-953-2589
anewman@dcre.gov.sk.ca